Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Manhattan H S					Gallatin		0348
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attac	h explanation)	)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and th	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	lni □ no	tials		Student Name	School	Grade
	□ yes	□ no □ no			THIS CONTRACT IS F Grades 1-12	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester On	ly   Both Semesters
Nell Baar Physical Address (s	treet address	only):			Pre-kindergarten/Kinde		
1 Hysical Address (s	arcet address	Orny).			<ul> <li>1st Semester Only</li> <li>KINDERGARTEN/PRE</li> </ul>		ly ☐ Both Semesters
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b>	HS <b>13</b>	`			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, times per day, es without other scho	days per week days per week days per week pol-age students: days per week
□ Contract is for o	ne-way only					times per day, <sub>-</sub>	days per week
Students in Each Grade L	evel - Only include	the students to b	be covered by th	is contract.	Deadlines: PARENTS: Due to Sch	nool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	al to County Supt by Ju	ly 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					R	EIMBURSEMENT R trict, county and OPI	
Correspondence						·	
Reg. Contingency					Reimb	oursement rate is determent 20-10-142, MCA.	mined by
Spec. Ed. Contin.						20-10-142, IVIOA.	
Agreement between	ı parent (parei	nt name)		0	, and school district (dis	,	· · · · · · · · · · · · · · · · · · ·
(county name)  The parties agree as follow  1. The parent shall tra		transportation for		•	fter referred to as the District(s) I or bus stop on the days when school is it		dian assures that a licensed and
insured driver will t 2. In March and June	ransport the stude	nts. Mileage con	tracts are valid	only when transportati	ion for the distance reported on the contra ation upon certification by the teacher or	act actually occurs.	
	be computed on the				142, MCA, and the information accompar er enrolled in school, whichever occurs fil		
Elementary School			ard of Truste		er ernolled in School, whichever occurs in	St.	Date
High School District Manhattan H S	i	Chair, Board of Trustees					Date
			l attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 ia, MT 59620	-2501		Du	ie to Scho	ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County	I	Legal Entity	_
Manhattan Elem	ì					Gallatin		0347	
High School or K-12 Di		ole for Reimbu	rsing the Cont	ract		County		Legal Entity	_
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				<u> </u>	_
Are you applying for			□ No		Stuc	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement			<b>3</b> 5 <b>3</b> 5.	3.443	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	ual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stuc	ent Name	School	Grade	
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade	
Elem District Approval HS District Approval		In no	itials			ent Name	School	Grade	
	□ yes	□ no				S CONTRACT IS FO des 1-12	<u>DR:</u>		
Parent or Guardian	Name: (Pleas	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	y □ Both Semesters	
Amy Veltkamp Physical Address (st	reet address	only):			□ 1st Semester Only □ 2nd Semester Only □ Both Semesters  Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home Elementary 3.5  Distance from home Elementary 0  Contract is for or Students in Each Grade Letter Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	ıs stop, if an	y (one way)	s contract.  9-12 Total	Kind by ti To co Kind To co To co Dea PAR CLE files	nis contract: r from Bus Stop r from School dergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original UNTY SUPERINTEN r for your files.  RE	times per day, times	days per week days per week  y 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)	
Agreement between parent (parent name)								ian assures that a licensed and mber of days the student(s) was	
Manhattan Elem High School District		Chair, Boa	ard of Trustee	es				Date	
			l attest	that the above	information	is true and correct.			=
Signature - Parent or	Guardian		1 411051	a. the above	ioiiiialioii	is true and correct.	Date		_
3									

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Du	ie to Scho	ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County	I	Legal Entity	
Manhattan Elem	1					Gallatin		0347	
High School or K-12 Di		ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Stud	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement			<b>3</b> 5 <b>3</b> 5.	3.443	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstance the county trans	ition of resider ces must be re sportation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Stuc	ent Name	School	Grade	
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade	
Elem District Approval HS District Approval	□ yes □	□ no	itials			ent Name	School	Grade	
County Approval  Parent or Guardian		no				S CONTRACT IS FO des 1-12	<u>)R:</u>		
		e Filili)			□ 1	st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters	
Erin & Bill Monn Physical Address (st		only):				kindergarten/Kinder st Semester Only		/ □ Both Semesters	
Distance from home Elementary 5  Distance from home Elementary 0  Contract is for or Students in Each Grade Lean Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> ne-way only	is stop, if an	y (one way)  De covered by thi  1-8  Total	9-12 Total	Kind by the To co To co Kind To co To co PAR CLE files. COU copy	nis contract: r from Bus Stop r from School dergarten child ride r from Bus Stop r from Bus Stop r from School adlines: EENTS: Due to Scho RKS: Send original UNTY SUPERINTEN r for your files.  RE RE RE RE RE RE RE RE RE	times per day,times p	days per week days per week days per week  / 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)	
(county name) The parties agree as follow 1. The parent shall tra insured driver will tr 2. In March and June, transported for the 3. The payment shall 4. This contract shall tr	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Chair, Board of Trustees Date								,
High School District		Chair, Boa	ard of Trustee	es				Date	
			Lottost	that the above	information	is true and correct			_
Signature - Parent or	Guardian		ı attest	unat the above	iniormation	is true and correct.	Date		_
Signature Farent Of	_ uu. u.u.ı						_4.0		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	x 202501 ı, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Resp	onsible for Re	imbursing the	Contract			County	I	Legal Entity	
Manhattan Elem						Gallatin		0347	
High School or K-12 Dist	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared  □ yes □ no	l between ele	ementary ar	nd high school	ol?					
Are you applying for is			□ No		Stuc	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	, provides for	increased rein	nbursement	0.00		3333.	0.000	
rates for special circums increased rates, individual trustees of the district, the Public Instruction. (10.7.)	tances of isola al circumstanc e county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stuc	lent Name	School	Grade	
Check here only if increa	sed payment o	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade	
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian N	ame. (Please	e Pilili)			□ 1	st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters	
Joey Vasarella Physical Address (stre	eet address	only):			Pre-kindergarten/Kindergarten  □ 1st Semester Only □ 2nd Semester Only □ Both Semesters  □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to Elementary 4  Distance from home to Elementary 2.5  Contract is for one Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> o nearest bu HS <b>0</b> e-way only	s stop, if an	y (one way)  De covered by thi  1-8  Total	9-12 Total	Kind by the Took Kind Took Took Took Took Took Took Took Too	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: EENTS: Due to Scho RKS: Send original of for your files.  RE	times per day,times p	days per week da	
(county name) The parties agree as follows:  1. The parent shall trans insured driver will transorted for the parent shall be transported for the parent shall be the parent shall be the parent shall be the parent shall be	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date								
High School District		Chair, Boa	ard of Truste	es				Date	
		1	Lattest	that the above i	information	is true and correct.			
Signature - Parent or G	uardian		, 411001				Date		_

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	•	Legal Entity	
Manhattan Elem	า					Gallatin		0347	
High School or K-12 D		ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share	od botwoon ol	omontary an	d high scho	al2					
ges no	eu between ei	ememary an	u nign schoo	JI !					
Are you applying for			□ No		Stuc	lent Name	School		Grade
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142 MCA	A provides for	increased rein	nbursement	1	ich rame	Contoon		Orado
rates for special circum	nstances of isola	ition of resider	ice. In order to	o receive	Stuc	lent Name	School		Grade
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and the			one ramo	3011001		Olddo
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stuc	ent Name	School		Grade
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap imittee	proved by the					
		Ini	tials		Stuc	ent Name	School		Grade
Elem District Approval HS District Approval	□ yes □	□ no □ no					<b>.</b> D		
County Approval  Parent or Guardian		no				S CONTRACT IS FO des 1-12	<u>)K:</u>		
Parent of Guardian	ivallie. (Fleas	e Fillit)			Grades 1-12  □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Nina Biggs					Pre-	kindergarten/Kinder	garten		
Physical Address (s	treet address	only):			□ 1	st Semester Only	☐ 2nd Semester Onl	y 🗆 Both Se	mesters
						DERGARTEN/PRE			
Distance from home	to nearest sc	hool (one wa	av)			lergarten child ride his contract:	es with other school-	age students a	Iso covered
Elementary 20	HS <b>0</b>	`	,		To c	r from Bus Stop	times per day, _	days	s per week
Distance from home	Distance from home to nearest bus stop, if any (one way)				To c	r from School lergarten child ride	times per day, _es <u>without</u> other scho	days	s per week
Elementary 2	HS <b>0</b>				Tod	r from Bus Stop	times per day, _	days	s per week
☐ Contract is for or	ne-way only				To c	r from School	times per day, _	days	s per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	<u>Dea</u>	adlines:			
	Pre-K	К	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total			to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans					files				
Spec. Ed. Trans							IDENTS: Send origina	al to OPI by July	/ 10, retain a
Spec. Eu. Hans					copy	for your files.			
Room & Board							IMBURSEMENT R		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	mined by	
Spec. Ed. Contin.									
Agreement between	n parent (parer	nt name)			, and	l school district (distr	rict name)		,
(	. "	,		Oarratir hanaina		,	,		
(county name) The parties agree as follow				•		to as the District(s).			
insured driver will to	ransport the studer	nts. Mileage con	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract			
transported for the	past semester.		•		·	,	rincipal of the school of the nu	imber of days the stu	dent(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the en	d of the school y	ear or when the	student(s) is no long		the information accompany hool, whichever occurs firs			
Elementary School   Manhattan Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	-2501			School Year 2 ie to School (			
Elementary District Re	sponsible for Re	imbursing the	Contract		Co	ounty	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Cont	ract	Co	ounty		Legal Entity
Bozeman H S					G	allatin		0351
Is this contract share □ yes □ no	ed between el	ementary and	d high school	ol?				
Are you applying for (If yes, please attact	h explanation)				Student	Name	School	Grade
ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola dual circumstance the county trans	tion of residen ses must be rev sportation com	ce. In order to viewed and appointed and the	o receive oproved by the	Student	: Name	School	Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the	Student	Name	School	Grade
Elem District Approval HS District Approval	no	ials 		Student	Name	School	Grade	
County Approval	□ yes	□ no			THIS C Grades	ONTRACT IS FO	<u>DR:</u>	
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	□ 2nd Semester On	ly    Both Semesters
Glenn Bailes				Pre-kind	dergarten/Kinder	garten		
Physical Address (s	only):			Pre-kindergarten/Kindergarten  ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home to nearest school (one way) Elementary 0 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 3.5					Kinder by this To or fro To or fro Kinder To or fro	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop	times per day, times per day, times per day, es without other scho	days per week days per week bol-age students: days per week days per week days per week days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Deadl		ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total				ly 1, retain a copy for your
Regular Trans						Y SUPERINTEN	IDENTS: Send origin:	al to OPI by July 10, retain a
Spec. Ed. Trans						your files.	TO CONTROL ON SHIP	
Room & Board							EIMBURSEMENT R trict, county and OP	
Correspondence								
Reg. Contingency						Reimb	ursement rate is determent 20-10-142, MCA.	mined by
Spec. Ed. Contin.							20-10-142, IVICA.	
Agreement betweer	n parent (parer	nt name)			, and sc	hool district (dist	rict name)	
(county name) The parties agree as follow 1. The parent shall trainsured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer , the District shall p past semester. be computed on th	ransportation for nts. Mileage cont ay the parent the le basis of the scient are some the scient are the scient	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	or bus stop on the on for the distance ration upon certificati	as the District(s).  days when school is in reported on the contra	n session. The parent or guan ct actually occurs. rincipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was
Elementary School			rd of Truste					Date
High School District Bozeman H S		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information is t	rue and correct.		
Signature - Parent or	Guardian						Date	<del></del>

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	)-2501			chool Year 2005- 2006 e to School Clerk June 1		
Elementary District Re			Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Bozeman H S					Gallatin		0351
Is this contract shar  ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?			
Are you applying for (If yes, please attac	h explanation	)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contraction of the cont	o receive oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12  ☐ 1st Semester Onli	y   2nd Semester Onl	y   Both Semesters
Pamela Cantwe		only):			Pre-kindergarten/Kin  ☐ 1st Semester Onl	dergarten v □ 2nd Semester Onl	y □ Both Semesters
						REKINDERGARTEN:	, = 20 0000.0.0
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b>	HS <b>0</b>	·	•		by this contract: To or from Bus Stop To or from School Kindergarten child	times per day, times per day, _ rides without other scho	days per week
☐ Contract is for o						unico per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to b	be covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to S	School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total		inal to County Supt by Jul	y 1, retain a copy for your
Regular Trans						TENDENTS: Send origina	ıl to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	<u> </u>	
Room & Board						REIMBURSEMENT RA district, county and OPI	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Rei	mbursement rate is determ 20-10-142, MCA.	nined by
5p00. Ed. 00mm.							
Agreement betweer	n narent (nare	nt name)			, and school district (	district name)	
	r paroni (paro				ter referred to as the District	,	"
(county name)  The parties agree as follow  1. The parent shall tra		transportation for		<b>3</b> ,	or bus stop on the days when school		ian assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage cor	tracts are valid	only when transportation	on for the distance reported on the cotton upon certification by the teacher	ontract actually occurs.	
transported for the 3. The payment shall	be computed on the	ne basis of the so	chedule establish	ned in Section 20-10-1	42, MCA, and the information accom	panying this contract.	•
4. This contract shall Elementary School			year or when the ard of Truste		r enrolled in school, whichever occur	rs first.	Date
High School District Bozeman H S	:	Chair, Boa	ard of Truste	es			Date
DOZGINGIT IT O			I attes	t that the above i	nformation is true and corre	ect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				r 2005- 2006 Il Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the C	Contract			County	<u> </u>	Legal Entity
High School or K-12 D	iotriot Boononoil	olo for Boimburg	ing the Cont	root		County		Legal Entity
	istrict ivesporisit	de loi Reillibuis	sing the Com	iact		•		
Bozeman H S  Is this contract shar	ed hetween el	ementary and	high school	n/2		Gallatin		0351
g yes no	ea between ei	ementary and	riigir scrio	Ji:				
Are you applying for (If yes, please attac ISOLATION: Section rates for special circun	h explanation) 20-10-142, MCA	A, provides for in			Stud	ent Name	School	Grade
increased rates, individed trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be revi sportation comm	ewed and ap littee, and the	proved by the		ent Name	School	Grade
Check here only if incr District Trustees and the			nittee.	proved by the	Stud	ent Name	School	Grade
Elem District Approval HS District Approval	•	□ no □ no □ no			Stud	ent Name	School	Grade
County Approval	□ yes	□ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 st Semester Only	□ 2nd Semester Onl	y   Both Semesters
Patricia Kossler		I. A.				indergarten/Kinder		
Physical Address (s	only):			□ 18	t Semester Only	□ 2nd Semester Onl	y   Both Semesters	
Distance from home to nearest school (one way) Elementary 0 HS 14.3  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0					Kind by th To or To or Kind To or	is contract: from Bus Stop from School ergarten child ride from Bus Stop	times per day, times per day, times per day, _ es <u>without</u> other scho times per day, _	days per week days per week days per week ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only						times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to be	covered by thi	s contract.		dlines: ENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files.	RKS: Send origina	to County Supt by Jul	y 1, retain a copy for your
Regular Trans						NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans						for your files.	-	
Room & Board							EIMBURSEMENT RA	
Correspondence								
Reg. Contingency						Reimb	ursement rate is deterr	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
		•						
Agreement betweer	n parent (pare	nt name)			, and	school district (dist	rict name)	
(county name)				County, hereinaf	fter referred	to as the District(s).		
	ansport or provide							dian assures that a licensed and
	, the District shall p					ce reported on the contra cation by the teacher or p		mber of days the student(s) was
<ol><li>The payment shall</li></ol>	be computed on the					ne information accompany		
Elementary School		Chair, Boar				-		Date
High School District Bozeman H S		Chair, Boar	d of Truste	es				Date
			I attes	t that the above	information	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, M	02501 IT 59620-2501		Due	e to Schoo	Clerk June 1			
Elementary District Respons	sible for Reimbursing th	e Contract			County	<u> </u>	Legal Entity	
Bozeman Elem					Gallatin		0350	
High School or K-12 District	Responsible for Reimb	ursing the Contr	act		County		Legal Entity	
Is this contract shared be ☐ yes ☐ no	etween elementary a	ınd high schoo	il?	<u> </u>				
Are you applying for isola		□ No		Stude	nt Name	School	Grade	
(If yes, please attach exp ISOLATION: Section 20-10	olanation) I-142, MCA, provides fo	or increased reim	bursement	0.000		<b>3</b> 5.1.55.	0.000	
rates for special circumstand increased rates, individual c trustees of the district, the co Public Instruction. (10.7.116	ces of isolation of reside ircumstances must be rounty transportation cor	ence. In order to reviewed and ap mmittee, and the	receive proved by the	Stude	nt Name	School	Grade	
Check here only if increased District Trustees and the Co	l payment due to isolati	on has been app	proved by the	Stude	nt Name	School	Grade	
Elem District Approval	yes □ no	nitials			nt Name	School	Grade	
County Approval					CONTRACT IS FO es 1-12	<u>DR:</u>		
Parent or Guardian Nam	e: (Please Print)			☐ 1st	Semester Only	□ 2nd Semester Only	y    Both Semesters	
Jeffrey Jorgenson Physical Address (street	address only):			□ 1st Semester Only □ 2nd Semester Only □ Both Semesters  Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to n Elementary 0 HS  Contract is for one-w Students in Each Grade Level - C	∃S <b>0</b> earest bus stop, if an S <b>0</b> ay only	ny (one way)	s contract.  9-12 Total	Kinde by th To or To or Kinde To or To or PARE CLEF files.	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School  dlines: ENTS: Due to Scho EKS: Send original ENTY SUPERINTEN for your files.  RE (For dist	times per day, tool Clerk June 1.	days per week days per week days per week  y 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)	
(county name) The parties agree as follows:  1. The parent shall transpor insured driver will transpor surged for the past s  3. The payment shall be conducted to the past s  4. This contract shall termin Elementary School Distribozeman Elem	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Chair, Board of Trustees Date							
High School District	Chair, Bo	oard of Trustee	es				Date	
		I attest	that the above i	nformation is	true and correct.			
Signature - Parent or Guar	dian					Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620	-2501	Due to	o School Clerk June 1					
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity			
Bozeman Elem			Gallatin		0350			
High School or K-12 District Responsib	ole for Reimbursing the Cont	ract	County		Legal Entity			
Is this contract shared between el □ yes □ no	ementary and high school	ol?						
Are you applying for isolation state			Student Name	School	Grade			
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A. provides for increased rein	mbursement	Olddelli Name	GCHOOL	Grade			
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In order to see must be reviewed and appropriation committee, and the	o receive oproved by the	Student Name	School	Grade			
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	proved by the	Student Name	School	Grade			
Elem District Approval	Initials  no		Student Name	School	Grade			
	□ no		THIS CONTRACT IS FO Grades 1-12	<u>R:</u>				
Parent or Guardian Name: (Pleas	e Print)			☐ 2nd Semester Only	□ Both Semesters			
Jill C Jorgensen Physical Address (street address	only):		<ul> <li>□ 1st Semester Only</li> <li>□ 2nd Semester Only</li> <li>□ Both Semesters</li> <li>□ Pre-kindergarten/Kindergarten</li> <li>□ 1st Semester Only</li> <li>□ 2nd Semester Only</li> <li>□ Both Semesters</li> </ul>					
Distance from home to nearest so Elementary 4 HS 0  Distance from home to nearest but Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	the students to be covered by the Total Total	9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride: To or from Bus Stop To or from Bus Stop  To or from School  Deadlines: PARENTS: Due to Scho CLERKS: Send original files.  COUNTY SUPERINTENI copy for your files.  RE (For distr	times per day,times per day,times per day,s without other school times per day,times per	days per week ol-age students:			
(county name) The parties agree as follows: 1. The parent shall transport or provide t insured driver will transport the stude: 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on the past semester.	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Chair, Board of Trustees							
High School District	Chair, Board of Truste	es			Date			
	l attes	t that the above info	rmation is true and correct.					
Signature - Parent or Guardian				Date				

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT  59620	-2501		Di	ue to School C	lerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Со	unty		Legal Entity	
Bozeman Elem					G	allatin		0350	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	tract	Со	unty		Legal Entity	
Is this contract share  □ yes □ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for			□ No		Student	Name	School		Grade
(If yes, please attach	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ	ual circumstand	es must be re	viewed and ap	oproved by the	Student	Name	School		Grade
trustees of the district, Public Instruction. (10.7)				е Опісе от	-				
Check here only if incre District Trustees and th				proved by the	Student	name	School		Grade
Elem District Approval	,		itials		Student	Name	School		Grade
HS District Approval County Approval	□ yes □	□ no □ no			THIS CO	NTRACT IS FO	OR:		
Parent or Guardian		e Print)			Grades	1-12 emester Only	□ 2nd Semester Only	v □ Both Se	emesters
Jill C. Jorgenser					ergarten/Kinder	•	,		
Physical Address (st	treet address	only):					□ 2nd Semester Only	y 🛘 Both Se	mesters
							KINDERGARTEN:		
Distance from home		hool (one wa	ay)		by this	contract:	es <u>with</u> other school-a	_	
Elementary 6	HS <b>0</b>				To or fro	m Bus Stop	times per day, _	day	s per week
Distance from home Elementary <b>0</b>	to nearest bu	is stop, if an	y (one way)		Kinderg To or fro	arten child ride m Bus Stop	times per day, _ es <u>without</u> other scho times per day, _ times per day, _	ol-age studen day	ts: s per week
□ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadli		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		I to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						Y SUPERINTEN your files.	NDENTS: Send origina	al to OPI by Jul	y 10, retain a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						<del>_</del>		<del></del>	
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and sch	ool district (dist	rict name)		,
(county name) The parties agree as follow	/s:			County, hereinat	fter referred to a	s the District(s).			
insured driver will tr	ansport the studer	nts. Mileage cor	tracts are valid	only when transportati	ion for the distance re	ported on the contra	n session. The parent or guard ct actually occurs.		
transported for the	past semester.			pproved in the applicated in Section 20-10-7			rincipal of the school of the nur	mper of days the stu	ident(s) was
	terminate at the er	d of the school		student(s) is no longe				Date	
Bozeman Elem High School District	· · · · · · · · · · · · · · · · · · ·	,							
Tilgii School District		Cridii, BO	ard of Truste					Date	
			I attes	t that the above	information is tr	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	)-2501		Du	e to School C	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	ounty		Legal Entity
Bozeman Elem					G	allatin		0350
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		ounty		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying fo			□ No		Student	Name	School	Grade
(If yes, please attac			increased reir	mbursement	Otadoni	ranic	Concor	Ciudo
rates for special circum increased rates, individ					Student	Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr	·	J	•	proved by the	Student	Name	School	Grade
District Trustees and the		sportation Com		,	<del></del>	·····		<del></del>
Elem District Approval				Student	Name	School	Grade	
County Approval					THIS CO Grades	ONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Zuzana Gedeor		I. A.				dergarten/Kinder		
Physical Address (s	treet address	oniy):			☐ 1st S	semester Only	☐ 2nd Semester Only	/ □ Both Semesters
							KINDERGARTEN:	ge students also covered
Distance from home		hool (one wa	ay)		by this	contract:	· · · · · · · · · · · · · · · · · · ·	
•	Elementary <b>5.7</b> HS <b>0</b>					om Bus Stop om School	times per day, _ times per day, _	days per week days per week ol-age students:
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	is stop, if any	(one way)		Kinderg To or fro	garten child ride	es without other school	ol-age students:
□ Contract is for o	ne-way only				To or fro	om School	times per day, _	days per week
Students in Each Grade L	, ,	the students to b	e covered by th	is contract.	<u>Deadl</u>			
	Pre-K	К	1-8	9-12	PAREN	TS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERK	S: Send origina	I to County Supt by July	1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						Y SUPERINTEN  your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE
Correspondence							rict, county and OPI	
_								
Reg. Contingency						Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	n parent (pare	nt name)			, and scl	hool district (dist	rict name)	,,
(county name)				County, hereinaft	ter referred to a	as the District(s).		
The parties agree as follow		transportation for		•		, ,		an assures that a licensed and
<ol><li>In March and June</li></ol>	, the District shall p	nts. Mileage con pay the parent the	tracts are valid on sum officially a	only when transportation only when transportation only when transportation in the application of the contract	on for the distance reation upon certification	eported on the contra on by the teacher or p	ct actually occurs. rincipal of the school of the nur	nber of days the student(s) was
	be computed on the			ned in Section 20-10-1 student(s) is no longe				
Elementary School			rd of Truste		5 5 5 5 5 5 6		···	Date
Bozeman Elem High School District	:	Chair, Boa	ard of Truste	es				Date
			1 -4-	t that the above '	informential in the	nuo ond same et		
Signature - Parent or	Guardian		I attes	t that the above i	intormation is ti	rue and correct.	Date	
orginature - i arciil Or	-uui uiaii						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Cl	erk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cou	nty	<u> </u>	Legal Entity
Three Forks Ele	·m				Ga	llatin		0360
High School or K-12 D		ole for Reimbu	rsing the Con	tract	Cou			Legal Entity
Is this contract shar □ yes □ no	ed between el	ementary an	d high scho	ol?				
Are you applying for	r isolation stati	us? □ Yes	□ No		Student N	lame	School	Grade
(If yes, please attac			increased rein	mbursement	Student	anic	301001	Orace
rates for special circun increased rates, individ	nstances of isola	ition of residen	ce. In order t	to receive	Student N	lame	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr	·	, and the second	•	oproved by the	Student N	lame	School	Grade
District Trustees and th		portation Com		, p. 0.10 a by a				
Elem District Approval HS District Approval	Elem District Approval □ yes □ no				Student N	lame	School	Grade
County Approval					THIS CO Grades 1	NTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				mester Only	□ 2nd Semester Only	□ Both Semesters
Melanie P. Irwin					Pre-kinde	rgarten/Kinder	garten	
Physical Address (s	treet address	only):					☐ 2nd Semester Only	□ Both Semesters
							KINDERGARTEN:	
Distance from home		hool (one wa	ıy)		by this c	ontract:	· · · · · · · · · · · · · · · · · · ·	ge students also covered
Elementary 18.5	HS <b>0</b>				To or fror To or fror	n Bus Stop n School	times per day, _ times per day.	days per week days per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	is stop, if any	(one way)		Kinderga	rten child ride	es without other school	ol-age students:
•	no way anly				To or from	n School	times per day, _	days per week
☐ Contract is for o  Students in Each Grade Lo	, ,	the students to b	e covered by th	is contract.	Deadlir	nes:		
	Pre-K	К	1-8	9-12			ool Clerk June 1.	
	Total	Total	Total	Total		: Send origina	I to County Supt by July	1, retain a copy for your
Regular Trans					files.			
Spec. Ed. Trans					COUNTY copy for y		IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE .
Correspondence							rict, county and OPI	
_								
Reg. Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WCA.	
		•		<u>.                                    </u>				
Agreement betweer	n parent (parer	nt name)			, and scho	ool district (dist	rict name)	
(county name)				County, hereinaf	ter referred to as	the District(s)		
The parties agree as follow		ransportation for		•		, ,		an assures that a licensed and
<ol><li>In March and June</li></ol>	, the District shall p			only when transportation only when transportation on the application of the application o				nber of days the student(s) was
	be computed on th			hed in Section 20-10-1				
Elementary School			ear or when the ird of Truste	e student(s) is no longe eS	r enronea in school, w	michever occurs firs	SL.	Date
Three Forks Elem High School District		Chair, Boa	rd of Truste	es				Date
Cinnat 5	O		I attes	t that the above i	nformation is tru	e and correct.	Dete	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Nesponsable for Numbershamp the Contract  Three Forks Elem  Gallatin  Gallat		na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1				
High School or K-12 Deshitz Responsible for Reimbursing the Contract   yes   no   County   Logal Entry	Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity		
Is this contract shared between elementary and high school?    Yes   S   On	Three Forks Ele	em					Gallatin		0360		
yes			ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
yes											
Agreement between parent (parent name)    County Agroving   Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by this cortex.    Pre-Kindergarten (hid rides with other school-age students also covered by		ed between el	ementary an	d high school	ol?						
SoLa Trans   Solation 20-10-142, MCA, provides for increased reimbursement rates for special characteristics are individual concentrations of making to reviewed and approved by the problement rates of the county fransportation of residence. In order to receive and approved by the Deleted Transless and the County Transportation Committee and the County Transportation County County Approved by the contract of the County County County Transportation County Cou				□ No		Stud	lent Name	School		Grade	
Increased rates, inavidual circumstances must be reviewed and approved by the trateses of the district, the courty transportation committee.  Student Name  School  Grade  Public instruction. (10,7.116 ARM) provide guidelines for such.)  Student Name  School  Grade  Student Name  School  Grade  Student Name  School  Grade  Student Name  School  Grade  THIS CONTRACT IS FOR:  Grades 1-12  Ist Semester Only  2nd Semester Only  3nd	ISOLATION: Section :	20-10-142, MCA	A, provides for			1					
Student Name   School   Grade	increased rates, individe trustees of the district,	lual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stud	lent Name	School		Grade	
Student Name   School   Grade   Student Name   School   Student Name   School   Grade   Student Name   School   Stud	,	·	J	ŕ		Stud	lent Name	School		Grade	
Elementary 20 HS 0  Control Control School (Interest Print)   Student Name: (Please Print)   Both Semesters Print)   Both Semester Only   2nd Semester Only   2nd Semester Only   3nd Semester Only   3nd Semester Only   3nd Semester Only   2nd Semester Only   3nd Semester Only   3nd Semester Only   3nd Semester Only   2nd Semester Only   3nd Seme			portation Com	mittee.	proved by the						
Prevent or Guardian Name: (Please Print)   Parent or Guardian Name: (Please Print)   Both Semesters			□ no	tials 		Student Name School Grade					
Stance from home to nearest school (one way)   Distance from home to nearest school (one way)   Elementary 20								DR:			
Physical Address (street address only):    Same   Semester Only   2nd Semester Only   8 both Semesters	Parent or Guardian	Name: (Pleas	e Print)					☐ 2nd Semester Onl	y □ Both Se	mesters	
State   Stat						Pre-	kindergarten/Kinderg	rarten	•		
Stance from home to nearest school (one way)   Stance from home to nearest school (one way)   HS 0	Physical Address (s	treet address	only):						y 🛛 Both Se	mesters	
Distance from home to nearest school (one way) Elementary 20  HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0  HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8  9-12  Total Total Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County name)  County name)  County name)  County name  Cou											
Distance from norm to nearest ous stop, if any (one way)    Contract is for one-way only			hool (one wa	ay)		bv t	his contract:	<del></del>	_		
Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County, hereinafter referred to as the District (district name)  County name)  The parent aspec softows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that allicensed and insured with transported for the past semignostron for the distance reported on the past senior upon transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that allicensed and insured drive will transport for the total semignostron for the distance reported or the past semignostron for the distance rep			ıs stop, if an	y (one way)		Kind	dergarten child ride	s <u>without</u> other scho	ol-age studen	ts:	
Students in Each Grade Level - Only include the students to be covered by this contract.    Pre-K   Total   To	·					To c	or from Bus Stop or from School	times per day, _ times per day, _	day: day:	s per week s per week	
Pre-K K Total Tota		• •	the students to h	ne covered by thi	is contract	Dea	adlines:				
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name) County name) Doubted transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport and June, the District shall parts parent the sum officially approved in the application upon certification upon certifications.  The parent shall transport are studently object or when the studently list no longer emoiled in school, whichever occurs first.  Elementary School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	2,000,100 117 20011 21000 21							ool Clerk June 1.			
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)		_			-			to County Supt by Jul	y 1, retain a co <sub>l</sub>	oy for your	
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County name)  The parties agree as follows:  1. The parties agree as follows:  1. The parties super as follows:  1. The parties super as follows:  1. The parties super as follows:  1. The parties agree as follows:  1. The parties super as follows:  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	Regular Trans					COL	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/ 10. retain a	
Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the following approved in the application por efficient only the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	Spec. Ed. Trans									, .,	
Reimbursement rate is determined by 20-10-142, MCA.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District (s).  The paries agree as follows:  1. The paries safle as follows:  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	Room & Board										
Agreement between parent (parent name)	Correspondence						(For dist	rict, county and OPI	use only)		
Agreement between parent (parent name)	Reg.						D a tracks				
Agreement between parent (parent name)	0 ,						Reimbi		ninea by		
County name   County, hereinafter referred to as the District(s).   The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.   In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.   The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.   This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.   Date   Three Forks Elem   Chair, Board of Trustees   Date	opec. Eu. Contin.										
County name   County, hereinafter referred to as the District(s).   The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.   In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.   The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.   This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.   Date   Three Forks Elem   Chair, Board of Trustees   Date											
The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the school user or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Agreement between	parent (parer	nt name)			, and	d school district (distr	rict name)		,	
1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schooluge established in Section 20-10-142, MCA, and the information accompanying this contract.  1. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  1. Elementary School District  1. Chair, Board of Trustees  1. Chair, Board of Trustees  1. I attest that the above information is true and correct.					County, hereina	fter referred	to as the District(s).				
2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Three Forks Elem  High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	<ol> <li>The parent shall tra</li> </ol>	ansport or provide t							dian assures that a li	censed and	
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Three Forks Elem High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	<ol> <li>In March and June, transported for the</li> </ol>	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the applic	cation upon certi	fication by the teacher or pr	incipal of the school of the nu	mber of days the stu	dent(s) was	
Three Forks Elem High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	<ol><li>This contract shall</li></ol>	terminate at the en	d of the school y	ear or when the	student(s) is no long	-142, MCA, and per enrolled in so	the information accompany shool, whichever occurs firs	ing this contract. t.	T		
I attest that the above information is true and correct.		District	Chair, Boa	ard of Truste	es 				Date		
	High School District		Chair, Boa	ard of Truste	es				Date		
				I attes	t that the above	information	is true and correct.		<u> </u>		
Date Date	Signature - Parent or	Guardian						Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT  59620	Due to Cobool Clark June 1							
Elementary District Res	sponsible for Re	eimbursing the	Contract		Co	ounty	<u> </u>	Legal Entity	
Pass Creek Eler	m				G	allatin		0362	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	tract	Co	ounty		Legal Entity	
Is this contract share  □ yes □ no	ed between el	ementary ar	nd high school	ol?					
Are you applying for (If yes, please attach			□ No		Student	Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ trustees of the district,	ual circumstand	es must be re	viewed and ap	oproved by the	Student	Name	School		Grade
Public Instruction. (10.7)				e Office of	Children	Nama	Cahaal		Orada
Check here only if incre District Trustees and th				proved by the	Student	name	School		Grade
Elem District Approval	□ yes	In □ no	itials		Student	Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS CO	ONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 emester Only	☐ 2nd Semester Only	v 🛛 Both Se	mesters
Dave Lambrech	t					lergarten/Kinder	•	,	
Physical Address (st	treet address	only):					☐ 2nd Semester Only	y 🛛 Both Se	mesters
							KINDERGARTEN:		
Distance from home	to nearest so	hool (one wa	ay)			garten child ride contract:	es <u>with</u> other school-a	age students a	Iso covered
Elementary <b>5.4</b>	HS <b>0</b>				To or fro	om Bus Stop	times per day, _ times per day, _	day	s per week s per week
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		Kinderd	arten child ride	es <u>without</u> other scho times per day, _ times per day, _	ol-age studen	ts:
□ Contract is for or	ne-way only				To or fro	om School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by the	is contract.	Deadl		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total			I to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	ll to OPI by Jul	/ 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parer	nt name)			, and scl	hool district (dist	rict name)		,
(county name) The parties agree as follow	/c·			County, hereina	fter referred to a	as the District(s).			
The parent shall tra insured driver will tr	nsport or provide tansport the studer	nts. Mileage cor	tracts are valid of	only when transportat	ion for the distance re	eported on the contra	session. The parent or guard ct actually occurs.		
transported for the	past semester.						rincipal of the school of the nur	mber of days the stu	dent(s) was
	terminate at the er	d of the school		student(s) is no long		formation accompany whichever occurs firs		Date	
Pass Creek Elem	J.601101	,							
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is tr	rue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity	
Pass Creek Eler	n					Gallatin		0362	
High School or K-12 Dis		ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Stuc	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation)	A. provides for	increased rein	nbursement	Otac	ient Name	GCHOOL	Ciado	
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstanc he county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stuc	lent Name	School	Grade	
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade	
		no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y   Both Semesters	
Dawn Long Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y   Both Semesters	
Distance from home Elementary 4.6  Distance from home Elementary 0  Contract is for or Students in Each Grade Le  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> se-way only	is stop, if an	y (one way)	s contract.  9-12 Total	Kind by ti To co Kind To co To co Dea PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School delines: del	times per day, tool Clerk June 1.	days per week da	
Agreement between parent (parent name)									
		5							
0:			I attest	that the above i	information	is true and correct.	D.U.		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Responsible for Reimbursing the Contract    Pass Creek Elem	Helena, MT		D	Due to School Clerk June 1						
High School or K-12 Distrot Responsible for Rembursing the Contract   Downly   Lisque Entity	Elementary District Responsible	for Reimbursing the C	ontract	County		Legal Entity				
High School or K-12 Distrot Responsible for Rembursing the Contract   Downly   Lisque Entity	Pass Creek Flem			Gallatin		0362				
Are you applying for isolation status? Yes No (If yos, please attach explanation)  Student Name School Grade  Student Name School		ponsible for Reimburs	ing the Contract							
Are you applying for isolation status? Yes No (If yos, please attach explanation)  Student Name School Grade  Student Name School										
Student Name   School   Grade		een elementary and	high school?	<u>'</u>						
Exercise   Control   Con			□ No	Student Name	School	Grade				
Student Name	(If yes, please attach explan	ation) 2. MCA. provides for in	creased reimbursement		Oction	Clade				
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Elem District Approval   yes	rates for special circumstances of increased rates, individual circumstrustees of the district, the count	of isolation of residence instances must be revi y transportation comm	e. In order to receive ewed and approved by the ittee, and the Office of	Student Name	School	Grade				
Elem District Approval yes no   Student Name   School   Grade	Check here only if increased pay	ment due to isolation	has been approved by the	Student Name	School	Grade				
Parent or Guardian Name: (Please Print)	Elem District Approval	Initia □ no				Grade				
Parent of Guadraian Name: (Please Print)					<u>DR:</u>					
Physical Address (street address only):    State	Parent or Guardian Name: (	Please Print)			☐ 2nd Semester Only	y □ Both Semesters				
Distance from home to nearest school (one way)  Elementary 4		dress only):				y   Both Semesters				
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Distance from home to near Elementary 0 HS 0  Contract is for one-way of Students in Each Grade Level - Only  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency	est bus stop, if any only include the students to be	(one way)  covered by this contract.  1-8 9-12	Kindergarten child rid by this contract: To or from Bus Stop_ To or from School Kindergarten child rid To or from Bus Stop_ To or from School  Deadlines: PARENTS: Due to Sch  CLERKS: Send origina files.  COUNTY SUPERINTEI copy for your files.  RI (For dis	times per day,times per day,times per day,tes without other school times per day,times per day,	days per week days per week ol-age students: days per week  y 1, retain a copy for your I to OPI by July 10, retain a				
I attest that the above information is true and correct.	(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Chair, Board of Trustees									
		Chair, Board	d of Trustees			Date				
			I attest that the above	e information is true and correct.						
	Signature - Parent or Guardian	1			Date					

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Resp	onsible for Re	imbursing the	Contract			County	I	Legal Entity	
Pass Creek Elem						Gallatin		0362	
High School or K-12 Dist		le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared  □ yes □ no	l between ele	ementary ar	nd high school	ol?				<u>'</u>	
Are you applying for is			□ No		Stuc	dent Name	School	Grade	
(If yes, please attach of ISOLATION: Section 20	explanation) -10-142. MCA	. provides for	increased rein	nbursement	Otac	icht ivanic	CCHOOL	Grade	
rates for special circumst increased rates, individual trustees of the district, the Public Instruction. (10.7.	tances of isolated all circumstance e county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	lent Name	School	Grade	
Check here only if increa District Trustees and the	sed payment o	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval	ges		itials			lent Name	School	Grade	
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian Na	ame: (Please	e Print)				st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Sarah Mitchell Physical Address (stre	eet address o	only):				kindergarten/Kinder st Semester Only		/ □ Both Semesters	
Distance from home to Elementary 4.3  Distance from home to Elementary 0  Contract is for one Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> o nearest bu HS <b>0</b> e-way only	s stop, if an	y (one way)	s contract.  9-12 Total	Kine by t To c Kine To c Vine To c Vine To c Vine Vine Vine Vine Vine Vine Vine Vine	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files.  RENTS:	times per day, times	days per week days per week days per week  7 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)	
Agreement between parent (parent name)									
High School District		Chair, Boa	ard of Trustee	es				Date	
			I attest	that the above i	information	is true and correct.			
Signature - Parent or G	uardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the 0	Contract			County	<u> </u>	Legal Entity
Pass Creek Ele	m					Gallatin		0362
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	l high schoo	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be revision comments.	e. In order to lewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly   Both Semesters
Tam Hedges-M Physical Address (s	organ treet address	oulv).				-kindergarten/Kinder		
1 Hysical Address (s	arcet address	orny).				•		ly   Both Semesters
Distance from home Elementary <b>4.8</b> Distance from home Elementary <b>0</b> Contract is for o	HS <b>0</b> e to nearest bu HS <b>0</b>				Kin by t To c To c Kin To c	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, s without other scho	days per week days per week col-age students: days per week days per week days per week days per week
Students in Each Grade Le	, ,	the students to be	covered by thi	s contract.	<u>De</u>	adlines:		
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files	-	to County Supt by Ju	ly 1, retain a copy for your
Regular Trans							IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.	DENTO: Gena ongin	
Room & Board							IMBURSEMENT R	
Correspondence						(i oi dist	not, county and or	r doc orny)
Reg. Contingency						Reimbi	ursement rate is determent 20-10-142, MCA.	mined by
Spec. Ed. Contin.							20-10-142, WOA.	
Agreement betweer	n parent (parei	nt name)				d school district (distr	rict name)	,
insured driver will to 2. In March and June transported for the	ansport or provide t ransport the studer , the District shall p past semester.	nts. Mileage contr ay the parent the	he student(s) to acts are valid o sum officially a	o and from the school only when transportation pproved in the applica	or bus stop or on for the dista ation upon cert	nce reported on the contractification by the teacher or pro-	ct actually occurs. rincipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	d of the school ye	ar or when the	student(s) is no longe		the information accompany chool, whichever occurs first		I Dete
Elementary School Pass Creek Elem		Chair, Boar						Date
High School District		Chair, Boar	d of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 5962	0-2501	D	ue to School Clerk June 1		
Elementary District Responsible for R	teimbursing the Cont	ract	County		Legal Entity
Pass Creek Elem			Gallatin		0362
High School or K-12 District Respons	ible for Reimbursing	the Contract	County		Legal Entity
Is this contract shared between e	elementary and hig	gh school?	·		
Are you applying for isolation sta		No	Student Name	School	Grade
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC		ased reimbursement		Concor	Ciudo
rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran	nces must be reviewe	ed and approved by the	Student Name	School	Grade
Public Instruction. (10.7.116 ARM pro	ovides guidelines for	such.)	Student Name	School	Grade
Check here only if increased paymen District Trustees and the County Tran					
Elem District Approval  yes	□ no		Student Name	School	Grade
HS District Approval ☐ yes County Approval ☐ yes	□ no		THIS CONTRACT IS FO	OR:	
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Yvonne Siemer			Pre-kindergarten/Kinder	garten	
Physical Address (street address	s only):		☐ 1st Semester Only		/ □ Both Semesters
			KINDERGARTEN/PRE		
Distance from home to nearest s Elementary <b>5.7</b> HS <b>0</b>	chool (one way)		by this contract:	<del></del>	ge students also covered  days per week
Distance from home to nearest b	us stop, if any (on	e way)	To or from School Kindergarten child ride	times per day, _ es without other scho	days per week ol-age students:
Elementary <b>0</b> HS <b>0</b>			To or from Bus Stop To or from School	times per day, _ times per day,	days per week days per week
□ Contract is for one-way only					, ·
Students in Each Grade Level - Only include			<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
Pre-K Total		1-8 9-12 otal Total	CLERKS: Send origina files.	I to County Supt by July	/ 1, retain a copy for your
Regular Trans				IDENTO Condition	Lts ODI has hala 40 mateirs a
Spec. Ed. Trans			copy for your files.	NDEN 15: Send origina	I to OPI by July 10, retain a
Room & Board				EIMBURSEMENT RA	
Correspondence			(For dist	rict, county and OPI	use only)
Reg.			Reimb	ursement rate is detern	 nined by
Contingency Spec. Ed. Contin.				20-10-142, MCA.	
Agreement between parent (pare	ent name)		, and school district (dist	rict name)	,,
(county name) The parties agree as follows:		County, hereina	after referred to as the District(s).		
insured driver will transport the stude	ents. Mileage contracts	are valid only when transporta	ol or bus stop on the days when school is in ation for the distance reported on the contra	ct actually occurs.	
transported for the past semester.			cation upon certification by the teacher or p	·	nber of days the student(s) was
<ol> <li>This contract shall terminate at the example.</li> </ol>	end of the school year or	when the student(s) is no long	<ul> <li>1-142, MCA, and the information accompany ger enrolled in school, whichever occurs fire</li> </ul>		T. 6.
Elementary School District Pass Creek Elem	Chair, Board o	rustees			Date
High School District	Chair, Board o	f Trustees			Date
	<u> </u>	I attest that the above	e information is true and correct.		<u> </u>
Signature - Parent or Guardian				Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u>'</u>	Legal Entity
Gallatin Gatewa	ıv Elem					Gallatin		0364
High School or K-12 D	istrict Responsib	le for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residenc es must be revi portation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia  no no no	als		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly   Both Semesters
Diann Calvin						-kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters
Distance from home Elementary 11  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	is stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School  adlines: RENTS: Due to Schoel ERKS: Send original i.  UNTY SUPERINTEN y for your files.  RE  (For dist	times per day,	days per week da
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en District em	ransportation for the state of the parent the state basis of the sche	ne student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop on on for the dista tion upon certi 42, MCA, and	ince reported on the contract	session. The parent or guard ct actually occurs. rincipal of the school of the nuring this contract.	dian assures that a licensed and umber of days the student(s) was  Date  Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the 0	Contract			County	<u> </u>	Legal Entity		
Gallatin Gatewa	ıv Elem					Gallatin		0364		
High School or K-12 D	istrict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?						
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revision comments.	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade		
Elem District Approval HS District Approval	□ yes □	Initi □ no □ no	als		Stud	dent Name	School	Grade		
County Approval	□ yes	no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly   Both Semesters		
Sheila Forsythe Physical Address (s	troot addroos	only):				-kindergarten/Kinder				
Friysical Address (s	lieel address	orily).			□ 1	st Semester Only	□ 2nd Semester On	ly   Both Semesters		
Distance from home Elementary 13.5  Distance from home Elementary 0  Contract is for o Students in Each Grade Le	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by t To c Kin To c To c	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original	times per day,	days per week days per week pool-age students: days per week		
Regular Trans  Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origina	al to OPI by July 10, retain a		
Room & Board					339		IMBURSEMENT R	ATF		
Correspondence							rict, county and OP			
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by		
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer , the District shall p past semester. be computed on th terminate at the en	ransportation for t tts. Mileage contr ay the parent the ne basis of the sch	he student(s) to acts are valid of sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop or on for the dista ation upon cert 42, MCA, and	ince reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the nuing this contract.	dian assures that a licensed and umber of days the student(s) was		
Gallatin Gateway El	em	Chair, Boar						Date		
riigii Scriooi District	·	Onall, Dual	u or rrusie					Date		
	I attest that the above information is true and correct.									
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	l	Legal Entity
Gallatin Gatewa	ıv Flem					Gallatin		0364
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Conf	tract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary and	d high scho	ol?				
Are you applying for			□ No		Stude	nt Name	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for i	ncreased reir	mbursement	Otado	nt ramo	2011201	0.000
rates for special circum increased rates, individual trustees of the district,	dual circumstand	ces must be rev	riewed and ap	oproved by the	Stude	nt Name	School	Grade
Public Instruction. (10.)	7.116 ARM prov	vides guidelines	for such.)		Stude	nt Name	School	Grade
Check here only if incre District Trustees and the		sportation Comr	nittee.	pproved by the				
	Elem District Approval  yes  no				Stude	nt Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				s 1-12 Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Tricia Ryder					Pre-ki	ndergarten/Kinder	garten	
Physical Address (s	treet address	only):						/ □ Both Semesters
						ERGARTEN/PRE		
Distance from home Elementary 3.4	e to nearest so HS <b>0</b>	hool (one wa	y)		by thi	s contract:		ge students also covered
Distance from home	e to nearest bu	ıs stop, if any	(one way)		To or <b>Kinde</b>	from School ergarten child ride	times per day, _ es without other schoo	days per week days per week pl-age students:
Elementary 0	HS <b>0</b>				To or	from Bus Stop	times per day, _	days per week days per week
□ Contract is for o	ne-way only						times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to be	e covered by th	is contract.		dlines: NTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total				/ 1, retain a copy for your
Regular Trans					files.	. to: coma original	to county cupt by out	i, rotain a dopy for your
Spec. Ed. Trans						ITY SUPERINTEN or your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg. Contingency						Reimbi	ursement rate is determ	 nined by
Spec. Ed. Contin.							20-10-142, MCA.	,
A		-4 >			1		i - t \	
Agreement betweer	i parent (parer	nt name)					rict name)	,
(county name) The parties agree as follow				-		o as the District(s).		
insured driver will t	ransport the studer	nts. Mileage cont	racts are valid	only when transportation	on for the distanc	e reported on the contract	ct actually occurs.	an assures that a licensed and
transported for the	past semester.	•	•		·	,	•	nber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school ye	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs firs		Data
Elementary School Gallatin Gateway El	em	,	rd of Truste					Date
High School District		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	information is	true and correct.		<u> </u>
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena,	MT 59620-	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Respo	nsible for Rei	imbursing the	Contract			County	<u> </u>	Legal Entity	
LaMotte Elem						Gallatin		0367	
High School or K-12 Distri	ict Responsibl	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared  ☐ yes ☐ no	between ele	ementary ar	nd high schoo	ol?					
Are you applying for is		ıs? □ Yes	□ No		Stud	lent Name	School	Grade	
(If yes, please attach e ISOLATION: Section 20-	xplanation) 10-142, MCA,	, provides for	increased rein	nbursement	0.00		3033	0.000	
rates for special circumsta increased rates, individua trustees of the district, the Public Instruction. (10.7.1	circumstance county transp	es must be re portation com	viewed and ap mittee, and the	proved by the	Stud	lent Name	School	Grade	
Check here only if increas	ed payment d	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval		Ini no	itials			lent Name	School	Grade	
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian Na	me: (Please	e Print)			□ 1	st Semester Only	☐ 2nd Semester Only	y   Both Semesters	
Alisha Wittwer Physical Address (stre	et address c	only):				kindergarten/Kinder st Semester Only		y    Both Semesters	
Distance from home to Elementary 6.9  Distance from home to Elementary 0  Contract is for one-Students in Each Grade Level  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS <b>0</b> nearest bus HS <b>0</b> way only	s stop, if an	y (one way)	s contract.  9-12 Total	Kine by t To c To c Kine To c To c  Dea PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Sch REKS: Send origina JINTY SUPERINTEN or for your files.  RECOUNTY SUPERINTEN OF FOR JUNE 10 SCH	times per day,	days per week da	
Agreement between parent (parent name)									
High School District		Ciiali, D0a	ard of Truste					Date	
			I attest	that the above	information	is true and correct.			
Signature - Parent or Gu	ıardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	sox 202501 na, MT 59620	)-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity	
LaMotte Elem						Gallatin		0367	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity	
Is this contract share  □ yes □ no	ed between el	ementary an	d high scho	ol?					
Are you applying for			□ No		Stude	ent Name	School	Grade	
(If yes, please attack ISOLATION: Section 2	20-10-142, MCA	A, provides for			Oldac	an ramo	2011201	Grado	
rates for special circum increased rates, individual trustees of the district,	dual circumstand	ces must be re	viewed and ap	oproved by the	Stude	ent Name	School	Grade	
Public Instruction. (10.	7.116 ARM prov	vides guideline	s for such.)		Stude	ent Name	School	Grade	
Check here only if incre District Trustees and the		sportation Com	mittee.	proved by the					
Elem District Approval		□ no	tials		Stude	ent Name	School	Grade	
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Andy & Don Boo					Pre-k	indergarten/Kinder	garten		
Physical Address (s	treet address	only):						/ □ Both Semesters	
						ERGARTEN/PRE			
Distance from home Elementary <b>5.5</b>	to nearest so	chool (one wa	ay)		by th	is contract:		ge students also covered  days per week	
Distance from home Elementary 0	to nearest bu	us stop, if any	y (one way)		To or <b>Kind</b>	from School  granten child ride	times per day, _ es without other scho	days per week ol-age students:	
,					To or	from School	times per day, _ times per day, _	days per week days per week	
☐ Contract is for or Students in Each Grade Le	, ,	the students to h	ne covered by th	is contract	Dea	dlines:			
2,000,100 117 20011 21000 21						ENTS: Due to Scho	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLEF	RKS: Send original	to County Supt by July	/ 1, retain a copy for your	
Regular Trans						NTV SUDEDINTEN	IDENTS: Sand origina	I to OPI by July 10, retain a	
Spec. Ed. Trans						for your files.	IDENTS. Selid Oligilia	Tto OFT by July 10, retail a	
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						 Reimbi	ursement rate is determ	 nined by	
Contingency Spec. Ed. Contin.						1.01110.	20-10-142, MCA.	iniod by	
Agreement between	ı parent (pareı	nt name)			, and	school district (disti	rict name)	······································	
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred t	o as the District(s).			
The parent shall tra insured driver will to	ansport or provide transport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distand	ce reported on the contract	ct actually occurs.	an assures that a licensed and	
transported for the	past semester.							nber of days the student(s) was	
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs firs		T -	
Elementary School LaMotte Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above i	information is	s true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	•	Legal Entity			
LaMotte Elem					Gallatin		0367			
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity			
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?	•					
Are you applying for			□ No		Student Name	School	Grade			
(If yes, please attach ISOLATION: Section 2	explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement			0.500			
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	ces must be re sportation com	eviewed and ap nmittee, and the	proved by the	Student Name	School	Grade			
Check here only if incre	·	Ţ.	,	proved by the	Student Name	School	Grade			
District Trustees and th		sportation Con	nmittee.	proved by the						
Elem District Approval		□ no	itials 		Student Name	School	Grade			
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS	FOR:				
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y   Both Semesters			
Arin Megenity					Pre-kindergarten/Kind	ergarten	•			
Physical Address (st	reet address	only):				□ 2nd Semester Onl	y   Both Semesters			
					KINDERGARTEN/PR	EKINDERGARTEN:				
Distance from home Elementary <b>8.4</b>	to nearest so HS <b>0</b>	chool (one w	ay)		Kindergarten child ri	des <u>with</u> other school-a	age students also covered days per week days per week			
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		Kindergarten child ri To or from Bus Stop_	des <u>without</u> other scho times per day, _	ol-age students: days per week			
□ Contract is for or	e-way only				To or from School	times per day, _	days per week			
Students in Each Grade Le	vel - Only include	the students to	be covered by thi	s contract.	Deadlines:	de e el Olevilo Ione e 4				
	Pre-K	K	1-8	9-12	PARENTS: Due to So					
	Total	Total	Total	Total	CLERKS: Send origing files.	nal to County Supt by Jul	y 1, retain a copy for your			
Regular Trans						INDENTO: Cand agining	ol to ODI have balando materia a			
Spec. Ed. Trans					copy for your files.	ENDENIS: Send origina	al to OPI by July 10, retain a			
Room & Board					F	REIMBURSEMENT RA	ATE			
Correspondence						strict, county and OPI				
_										
Reg. Contingency					Reim	bursement rate is deterr	nined by			
Spec. Ed. Contin.						20-10-142, MCA.				
	<u> </u>	•								
Agreement between	parent (parei	nt name)			and school district (di	strict name)				
	. "	/			ter referred to as the District(s	,	,			
(county name)  The parties agree as follow		transportation fo		•	or bus stop on the days when school is	,	lian assures that a licensed and			
insured driver will tr	ansport the stude	nts. Mileage cor	ntracts are valid o	only when transportati	on for the distance reported on the contation upon certification by the teacher o	ract actually occurs.				
transported for the p	ast semester.		•		142, MCA, and the information accompa		mber of days the stadem(s) was			
4. This contract shall t	erminate at the er	nd of the school	year or when the ard of Truste	student(s) is no longe	er enrolled in school, whichever occurs	first.	Date			
LaMotte Elem		,								
High School District		Chair, Boa	ard of Truste	es			Date			
		<u> </u>	l attes	t that the above	information is true and correc	t				
Signature - Parent or	Guardian					Date				

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	)-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract		Coun	ty		Legal Entity	
LaMotte Elem					Gall	latin		0367	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract	Coun			Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for			□ No		Student Na	ame	School	Grade	
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for			Otadoni in	u	Concor	- Clado	
rates for special circun increased rates, individ trustees of the district,	dual circumstand	ces must be re-	viewed and ap	oproved by the	Student Na	ame	School	Grade	
Public Instruction. (10.					Student Na	ame	School	Grade	
Check here only if incr District Trustees and the		sportation Com	mittee.	oproved by the	Olddent IV	ame	Control	Grade	
Elem District Approval		□ no	tials 		Student Na	ame	School	Grade	
HS District Approval County Approval	ounty Approval					ITRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1- □ 1st Sen	12 nester Only	□ 2nd Semester Only	□ Both Semesters	
Carolyn K. Johr	ison				Pre-kinder	garten/Kinder	garten		
Physical Address (s	treet address	only):					☐ 2nd Semester Only	□ Both Semesters	
							KINDERGARTEN:		
Distance from home Elementary 8.5	e to nearest so HS <b>0</b>	chool (one wa	ay)		by this co	ntract:		ge students also covered	
Distance from home		us stop, if any	(one way)		To or from	School	times per day, _ times per day, _ s without other school	days per week days per week bl-age students:	
Elementary 0	HS <b>0</b>				To or from	Bus Stop	times per day,	days per week days per week	
□ Contract is for o	ne-way only						times per day, _	days per week	
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.	Deadlin PARENTS		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total				1, retain a copy for your	
Regular Trans	1000	70.0.		1000	files.	ocha origina	to county capt by out	i, retain a dopy for your	
Spec. Ed. Trans					COUNTY copy for yo		IDENTS: Send original	to OPI by July 10, retain a	
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						 Reimh	ursement rate is determ	ined by	
Contingency Spec. Ed. Contin.						T Contrib	20-10-142, MCA.		
Speed 201									
Agreement betweer	n parent (parei	nt name)			, and scho	ol district (dist	rict name)	,,	
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred to as	the District(s).			
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distance repo	orted on the contra	ct actually occurs.	an assures that a licensed and	
transported for the	past semester.							nber of days the student(s) was	
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe	42, MCA, and the infor r enrolled in school, wh			Data	
Elementary School LaMotte Elem		,	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above i	nformation is true	and correct.		•	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the	Contract			County		Legal Entity	
LaMotte Elem						Gallatin		0367	
High School or K-12 D	istrict Responsit	le for Reimbur	sing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	d high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revenued.	ce. In order to iewed and appointed, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Init □ no			Stud	dent Name	School	Grade	
County Approval	□ yes	no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly   Both Semesters	
Jane Chamberla Physical Address (s		only):				kindergarten/Kinder			
Friysical Address (s	lieel address	orily).			□ 1	st Semester Only	□ 2nd Semester On	ly   Both Semesters	
Distance from home Elementary 7.3  Distance from home Elementary 0  Contract is for o Students in Each Grade Leaders	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kinder France Fr	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original	times per day,	days per week days per week days per week bool-age students: days per week days per week days per week days per week	
Regular Trans					files		IDENTS: Send origin	al to OPI by July 10, retain a	
Spec. Ed. Trans						y for your files.	DENTO: Cond ong		
Room & Board							IMBURSEMENT R		
Correspondence						( 3. 3.3.	,,	, , , , ,	
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by	
Agreement between parent (parent name)									
<u> </u>		, - 30.							
Cinnet 5	0		I attes	t that the above	information	is true and correct.	Dete		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	sox 202501 na, MT 59620	)-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity	
LaMotte Elem						Gallatin		0367	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?				•	
Are you applying for			□ No		Stude	ent Name	School	Grade	
(If yes, please attack ISOLATION: Section 2	20-10-142, MCA	A, provides for			Oldac	an ramo	2011201	Grado	
rates for special circum increased rates, individ	dual circumstand	ces must be re-	viewed and ap	oproved by the	Stude	ent Name	School	Grade	
trustees of the district, Public Instruction. (10.				e Office of					
Check here only if incre District Trustees and the				oproved by the	Stude	ent Name	School	Grade	
Elem District Approval	•		tials		Stude	ent Name	School	Grade	
HS District Approval County Approval	□ yes □	□ no			THIS	CONTRACT IS FO	DR:		
Parent or Guardian					Grade	es 1-12 t Semester Only		/ □ Both Semesters	
John & Louise S	Stevens					·	•	Doin Semesters	
Physical Address (s		only):				indergarten/Kinder t Semester Only		/ □ Both Semesters	
					KIND	ERGARTEN/PRE	(INDERGARTEN:		
Distance from home	e to nearest so	chool (one wa	av)		Kind			ge students also covered	
Elementary 11	HS <b>0</b>		-57		To or	from Bus Stop	times per day, _	days per week	
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	us stop, if any	(one way)		Kinde	ergarten child ride	s without other scho	days per week ol-age students: days per week days per week days per week	
☐ Contract is for or	ne-way only				To or	from School	times per day, _	days per week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.		dlines: ENTS: Due to Scho	nal Clark Juna 1		
	Pre-K	K	1-8	9-12					
	Total	Total	Total	Total	files.	KKS: Send original	to County Supt by July	/ 1, retain a copy for your	
Regular Trans					cou	NTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a	
Spec. Ed. Trans						for your files.			
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						D. in the		the addition	
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	n parent (parei	nt name)			, and	school district (distr	rict name)	,	
(county name) The parties agree as follow	we.			County, hereinaf	ter referred t	o as the District(s).			
<ol> <li>The parent shall tra</li> </ol>	ansport or provide					ne days when school is in se reported on the contrac		an assures that a licensed and	
In March and June, transported for the	, the District shall p past semester.	pay the parent the	sum officially a	approved in the applica	ation upon certific	cation by the teacher or pr	rincipal of the school of the nur	nber of days the student(s) was	
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs firs		T = .	
Elementary School LaMotte Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above i	information is	s true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the 0	Contract			County	<u> </u>	Legal Entity	
LaMotte Elem						Gallatin		0367	
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revision comments.	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	als		Stud	dent Name	School	Grade	
County Approval	□ yes	no				<u>S CONTRACT IS FO</u> des 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly    Both Semesters	
Jon & Cheryl Ni Physical Address (s	ichel	only):				-kindergarten/Kinderg			
Filysical Address (s	lieet address	orny).			□ 1	st Semester Only	☐ 2nd Semester On	ly   Both Semesters	
Distance from home Elementary 9  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.	times per day, tool Clerk June 1. to County Supt by Ju	days per week days per week  Iy 1, retain a copy for your  al to OPI by July 10, retain a	
							IMBURSEMENT R rict, county and OP		
Correspondence							•		
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is determ 20-10-142, MCA.	mined by	
(county name) The parties agree as follow 1. The parent shall trainsured driver will telescore in March and June transported for the transported for the 3. The payment shall 4. This contract shall	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.								
Elementary School LaMotte Elem		Chair, Boar						Date	
High School District	: 	Chair, Boar	d of Truste	es				Date	
			I attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 5962	0-2501	Due to School Clerk June 1						
Elementary District Responsible for R	eimbursing the Cor	ntract	County		Legal Entity			
LaMotte Elem			Gallatin		0367			
High School or K-12 District Responsi	ble for Reimbursing	the Contract	County		Legal Entity			
Is this contract shared between e □ yes □ no	lementary and hi	gh school?						
Are you applying for isolation star		□ No	Student Name	School	Grade			
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC		eased reimbursement	Oldden Hame	Control	Ciudo			
rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran	ces must be review	ed and approved by the	Student Name	School	Grade			
Public Instruction. (10.7.116 ARM pro	vides guidelines for	such.)	Student Name	School	Grade			
Check here only if increased payment District Trustees and the County Tran		ee.						
Elem District Approval ☐ yes HS District Approval ☐ yes	□ no		Student Name	School	Grade			
HS District Approval ☐ yes County Approval ☐ yes	□ no		THIS CONTRACT IS F	OR:				
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12  ☐ 1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters			
Kim Goodwin			Pre-kindergarten/Kinde	rgarten				
Physical Address (street address	only):		☐ 1st Semester Only		/ □ Both Semesters			
			KINDERGARTEN/PRE	KINDERGARTEN:				
Distance from home to nearest so Elementary <b>10.4</b> HS <b>0</b>	chool (one way)		by this contract:		ge students also covered days per week			
Distance from home to nearest b	us stop, if any (oı	ne way)	To or from School Kindergarten child rid	times per day, _ es without other scho	days per week ol-age students:			
☐ Contract is for one-way only			To or from School	times per day, _	days per week			
Students in Each Grade Level - Only include	e the students to be co	vered by this contract.	Deadlines:					
Pre-K		1-8 9-12	PARENTS: Due to Sch	nool Clerk June 1.				
Total		Total Total	CLERKS: Send origina files.	al to County Supt by July	1, retain a copy for your			
Regular Trans			COUNTY SUPERINTE	NDENTS: Send origina	I to OPI by July 10, retain a			
Spec. Ed. Trans			copy for your files.	NDENTO: Ocha ongma	Tto Of T by daily To, Tetain a			
Room & Board				EIMBURSEMENT RA				
Correspondence			(For dis	inci, county and OFT	use offiy)			
Reg.				oursement rate is determ	 nined by			
Contingency Spec. Ed. Contin.				20-10-142, MCA.	mica by			
Agreement between parent (pare	ent name)		, and school district (dis	trict name)	,,·			
(county name) The parties agree as follows:		County, here	einafter referred to as the District(s)					
The parent shall transport or provide insured driver will transport the stude	ents. Mileage contracts	s are valid only when transp	chool or bus stop on the days when school is in cortation for the distance reported on the contra	act actually occurs.				
transported for the past semester.			application upon certification by the teacher or p		nber of days the student(s) was			
<ol> <li>This contract shall terminate at the e</li> </ol>	nd of the school year of	or when the student(s) is no	0-10-142, MCA, and the information accompan longer enrolled in school, whichever occurs fir		1 -			
Elementary School District LaMotte Elem	Chair, Board	of Trustees			Date			
High School District	Chair, Board	of Trustees			Date			
		I attest that the ab	ove information is true and correct.		<u> </u>			
Signature - Parent or Guardian				Date				

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	)-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
LaMotte Elem						Gallatin		0367
High School or K-12 D	istrict Responsi	ble for Reimbu	ırsing the Con	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?				
Are you applying fo			□ No		Stu	dent Name	School	Grade
(If yes, please attact ISOLATION: Section			increased rei	mbursement	Otat	ioni Hamo	3311331	Ciddo
rates for special circur increased rates, individe trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	eviewed and a nmittee, and th	pproved by the	Stud	lent Name	School	Grade
Check here only if incr	eased payment	due to isolation	on has been ar	oproved by the	Stud	dent Name	School	Grade
District Trustees and the		In	nmittee. itials		Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	□ no						Grade
County Approval  Parent or Guardian	•	no				<u>S CONTRACT IS FO</u> des 1-12	<u>)R:</u>	
	•	e Fillit)			□ 1	st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Marilee Cornfor Physical Address (s		only).				kindergarten/Kinder		
1 Hydiodi 7 Iddi eda (e	ni cet addi ess	Orny).				•	□ 2nd Semester Only	√ □ Both Semesters
Distance from home Elementary 11.9  Distance from home Elementary 0  Contract is for o Students in Each Grade L	HS 0 e to nearest bu HS 0 ne-way only	us stop, if an	y (one way)	is contract.  9-12 Total	Kind by t To c Kind To c To c	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Sch	times per day,times per day,tool Clerk June 1.	days per week days per week ol-age students: days per week
Regular Trans Spec. Ed. Trans						JNTY SUPERINTEN  / for your files.	IDENTS: Send original	I to OPI by July 10, retain a
Room & Board					000		EIMBURSEMENT RA	ATE .
							rict, county and OPI	
Correspondence								
Reg. Contingency						Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
	1			1				
Agreement between	n parent (pare	nt name)			. and	d school district (dist	rict name)	
	.					to as the District(s).		······································
(county name)  The parties agree as follow		transportation fo		3,		( )		an assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	nber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	he basis of the s	chedule establis	hed in Section 20-10-1	42, MCA, and	the information accompany	ving this contract.	, , , ,
Elementary School			year or when the ard of Truste		er enrolled in so	chool, whichever occurs firs	st.	Date
LaMotte Elem High School District		Chair Bo	ard of Truste	100				Date
Taga Conool District	·	Oriali, Bu	ara or riuste					Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract		С	County		Legal Entity	
LaMotte Elem						Sallatin		0367	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				•	
Are you applying for			□ No		Studen	nt Name	School	Grade	
(If yes, please attac ISOLATION: Section			increased reir	mbursement	Olddel	it riamo	Concor	Ciudo	
rates for special circun increased rates, individ trustees of the district,	dual circumstand	ces must be re-	viewed and ap	oproved by the	Studer	nt Name	School	Grade	
Public Instruction. (10.					Studen	nt Name	School	Grade	
Check here only if incr District Trustees and the		sportation Com	mittee.	oproved by the	Oldder	it Name	CONOCI	Grade	
Elem District Approval	•	□ no	tials ———		Studen	nt Name	School	Grade	
HS District Approval County Approval	unty Approval					CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st	s 1-12 Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Mary E. Holmes	}				Pre-kir	ndergarten/Kinder	narten		
Physical Address (s	treet address	only):						/ □ Both Semesters	
							KINDERGARTEN:		
Distance from home Elementary 10	e to nearest so	hool (one wa	ıy)		by this	contract:	<del></del>	ge students also covered	
Distance from home	e to nearest bu	ıs stop, if any	(one way)		To or f <b>Kinde</b> i	rom School r <b>garten child ride</b>	times per day, _ es without other schoo	days per week days per week ol-age students:	
Elementary 0	HS <b>0</b>				To or f	rom Bus Stop	times per day,	days per week days per week	
□ Contract is for o	ne-way only						times per day, _	days per week	
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.		<u>l<b>lines:</b></u> NTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total				/ 1, retain a copy for your	
Regular Trans					files.	_			
Spec. Ed. Trans						TY SUPERINTEN or your files.	IDENTS: Send origina	I to OPI by July 10, retain a	
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg. Contingency						Reimb	ursement rate is determ	 nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agraement between	naront (naro	at nama)			and a	abaal district (dist	rict name)		
Agreement betweer	граген (раге	it name)						······································	
(county name) The parties agree as follow				-		as the District(s).			
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distance	reported on the contract	ct actually occurs.	ian assures that a licensed and	
transported for the	past semester.					information accompany		nber of days the student(s) was	
	terminate at the er	nd of the school y		student(s) is no longe		ol, whichever occurs firs		Date	
LaMotte Elem		,							
High School District		Chair, Boa	rd of Truste	es				Date	
			I attes	t that the above i	information is	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT  59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract		Со	unty		Legal Entity	
LaMotte Elem					G	allatin		0367	
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Cont	tract		unty		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for			□ No		Student	Name	School	Grade	
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for			Otadone	· tamo	Concor	Clado	
rates for special circun increased rates, individ trustees of the district,	dual circumstand	ces must be rev	viewed and ap	oproved by the	Student	Name	School	Grade	
Public Instruction. (10.					Student	Name	School	Grade	
Check here only if incr District Trustees and the		sportation Com	mittee.	pproved by the	Student	rumo	Contoon	Grade	
Elem District Approval		□ no	tials 		Student	Name	School	Grade	
HS District Approval County Approval	ounty Approval					NTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 emester Only	□ 2nd Semester Only	/ □ Both Semesters	
Michael Allen					Pre-kind	ergarten/Kinder	garten		
Physical Address (s	treet address	only):					☐ 2nd Semester Only	/ □ Both Semesters	
					KINDER	GARTEN/PREI	KINDERGARTEN:		
Distance from home Elementary 10.8	e to nearest so HS <b>0</b>	hool (one wa	ıy)		by this	contract:		ge students also covered days per week	
Distance from home		ıs stop, if any	(one way)		To or fro <b>Kinder</b> g	m School arten child ride	times per day, _ es without other schoo	days per week ol-age students:	
Elementary <b>0</b>	HS <b>0</b>				To or fro	m Bus Stop m School	times per day, times per day.	days per week days per week	
☐ Contract is for o	, ,						umos per day, _	days por wook	
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadli</u> PAREN		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS	3: Send origina	I to County Supt by July	/ 1, retain a copy for your	
Regular Trans						/ OUDEDINITES	IDENTO Considerational	I to ODI has hale 40 matein a	
Spec. Ed. Trans						your files.	NDENIS: Send original	I to OPI by July 10, retain a	
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						 Reimb	ursement rate is determ	 nined by	
Contingency Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	n parent (parei	nt name)			, and sch	1001 district (dist	rict name)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred to a	s the District(s).			
insured driver will t	ransport the stude	nts. Mileage conf	tracts are valid	only when transportation	on for the distance re	ported on the contra	ct actually occurs.	an assures that a licensed and	
transported for the	past semester.							nber of days the student(s) was	
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	ned in Section 20-10-1 student(s) is no longe				Dete	
Elementary School LaMotte Elem		Chair, Boa	rd of Truste	es				Date	
High School District		Chair, Boa	rd of Truste	es				Date	
			l attes	t that the above i	nformation is tr	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	)-2501				Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
LaMotte Elem						Gallatin		0367
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Cont	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	d high school	ol?				
Are you applying for	· isolation stat	us? □ Yes	□ No		-			
(If yes, please attac	h explanation)	)		mhursement	Stude	ent Name	School	Grade
rates for special circun increased rates, individ	nstances of isola	ation of residen	ce. In order t	o receive	Stude	ent Name	School	Grade
trustees of the district, Public Instruction. (10.	the county trans	sportation comr	nittee, and th					
Check here only if incr	•	, and the second	· ·	proved by the	Stude	ent Name	School	Grade
District Trustees and th		sportation Com		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Elem District Approval HS District Approval		□ no			Stude	ent Name	School	Grade
County Approval	□ yes	□ no				CONTRACT IS FO es 1-12	DR:	
Parent or Guardian	•	ŕ				t Semester Only	<ul> <li>2nd Semester Onl</li> </ul>	y   Both Semesters
Robin & Gaydea Physical Address (s						indergarten/Kinder		- 5 4 6
1 Hysical Address (s	li cet addiess	omy).				•		y   Both Semesters
					<u>KIND</u> Kinde	ERGARTEN/PREF ergarten child ride	<u>KINDERGARTEN</u> : es <u>with</u> other school-a	age students also covered
Distance from home Elementary <b>4.5</b>	e to nearest so HS <b>0</b>	chool (one wa	y)		by th	is contract:		days per week
Distance from home	to nearest bu	ıs stop if anv	(one way)		To or	from School	times per day, _ es <u>without</u> other scho	days per week
Elementary <b>0</b>	HS <b>0</b>		(00)		To or	from Bus Stop	times per day, _	days per week
□ Contract is for o	ne-way only				To or	from School	times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by thi	is contract.	Dea	dlines: ENTS: Due to Sch	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1, retain a copy for your
D 1 T	Total	TOtal	TOtal	Total	files.	k <b>ns:</b> Send ongma	to County Supt by Jui	y 1, retain a copy for your
Regular Trans					coul	NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy	for your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence						(For dist	nici, county and OF1	use only)
Reg. Contingency						Reimb	ursement rate is deterr	 mined by
Spec. Ed. Contin.							20-10-142, MCA.	,
Agreement betweer	narent (nare	nt name)			and	school district (dist	rict name)	
	r parent (paren	nt name)				,	,	,
(county name)  The parties agree as follow		transportation for		<b>,</b>		o as the District(s).		dian assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage cont	racts are valid o	only when transportati	on for the distance	e reported on the contra	ct actually occurs.	mber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the sci	hedule establish	ned in Section 20-10-	142, MCA, and th	e information accompany	ring this contract.	
Elementary School			ear or when the rd of Truste		ei enrolled in sch	ool, whichever occurs firs	il.	Date
LaMotte Elem High School District		Chair, Boa	rd of Truste	es				Date
			,					
Signature - Parent or	Guardian		ı attes	t that the above	intormation is	s true and correct.	Date	
orginature - i arciil Ul	- au aian						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	ounty		Legal Entity	
LaMotte Elem					G	allatin		0367	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		ounty		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for			□ No		Student	Name	School	Grade	
(If yes, please attac ISOLATION: Section			increased reir	mbursement	Oludoni	. rvaine	0011001	Ciudo	
rates for special circun increased rates, individ trustees of the district,	dual circumstand	ces must be re-	viewed and ap	oproved by the	Student	Name	School	Grade	
Public Instruction. (10.					Student	· Name	School	Grade	
Check here only if incr District Trustees and the		sportation Com	mittee.	oproved by the	Student	Name	GCHOOL	Grade	
Elem District Approval		□ no	tials 		Student	Name	School	Grade	
HS District Approval County Approval	ounty Approval					ONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Shelley Laferr					Pre-kind	dergarten/Kinder	narten		
Physical Address (s	treet address	only):						/ □ Both Semesters	
							(INDERGARTEN:		
Distance from home Elementary <b>6.6</b>	e to nearest so HS <b>0</b>	chool (one wa	ay)		by this	contract:		ge students also covered  days per week	
Distance from home	e to nearest bu	ıs stop, if any	(one way)		To or fro <b>Kinder</b>	om School garten child ride	times per day, _ es without other schoo	days per week ol-age students:	
Elementary <b>0</b>	HS <b>0</b>				To or fro	om Bus Stop om School	times per day, _ times per day.	days per week days per week	
□ Contract is for o	, ,						por cay, _	days per meen	
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadl</u> PAREN		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK files.	S: Send original	to County Supt by July	/ 1, retain a copy for your	
Regular Trans							IDENITO 0 1	0011 11 40 41	
Spec. Ed. Trans						r your files.	IDEN 15: Send origina	I to OPI by July 10, retain a	
Room & Board							IMBURSEMENT RA		
Correspondence						(For alst	rict, county and OPI	use only)	
Reg. Contingency						Reimbi	ursement rate is determ	 nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	n parent (parei	nt name)			, and sc	nooi aistrict (aisti	rict name)	, , , , , , , , , , , , , , , , , , , ,	
(county name) The parties agree as follow				County, hereinaf					
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distance i	eported on the contract	ct actually occurs.	an assures that a licensed and	
transported for the	past semester.							nber of days the student(s) was	
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	ned in Section 20-10-1 student(s) is no longe				Doto	
Elementary School LaMotte Elem		,	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above i	information is t	rue and correct.		<u> </u>	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary Diseast Responsible for Reimbursing the Contract  LaNotte Elem  Is this contract Shared between elementary and high school?  Is this contract Shared between elementary and high school?  Is this contract Shared between elementary and high school?  Is this contract Shared between elementary and high school?  Is this contract Shared between elementary and high school?  Is provided that the contract school of the contract sch	Helena, MT			Due to School (	Clerk June 1		
Is this contract shared between elementary and high school?  yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation)  SBUATRON: Scora 26-164.2 (McA, provides for increased reimbursement increased rains to the state of the stat	Elementary District Responsible	e for Reimbursing the C	Contract	Co	ounty		Legal Entity
Is this contract shared between elementary and high school?  yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation)  SBUATRON: Scora 26-164.2 (McA, provides for increased reimbursement increased rains to the state of the stat	LaMotte Flem			6	allatin		0367
Agreement between parent (parent name)  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Corr		sponsible for Reimburs	ing the Contract				
Agreement between parent (parent name)  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Corr							
Solution		een elementary and	high school?				
Student Name			□ No	Student	t Name	School	Grade
Intension for special corunstations of testidence. In order to receive intronseed rates, included accounted control committee, and the Chicke of Public Institution. (IC)-116 ARI) environment of the district, the country transportation committee. In the Chicke of Public Institution. (IC)-116 ARI) environment due to isolation has been approved by the District Trustees and the Country Transportation Committee.  Elem District Approval   yes   no	(If yes, please attach explain ISOLATION: Section 20-10-14	nation) I2, MCA, provides for in	creased reimbursement		Trame	GCHOOL	Clade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Elem District Approval   yes   no   no   no   no   no   no   no   n	rates for special circumstances increased rates, individual circu trustees of the district, the coun	of isolation of residenc imstances must be revi ity transportation comm	e. In order to receive ewed and approved by the ittee, and the Office of	Student	t Name	School	Grade
Elem District Approval   yes	Check here only if increased pa	ayment due to isolation	has been approved by the	Studen	t Name	School	Grade
Present or Guardian Name: (Please Print)   Shelly Krushensky	Elem District Approval ☐ yes	Initia	als				Grade
Shelly Krushensky		□ no				<u>)R:</u>	
Physical Address (street address only):	Parent or Guardian Name:	(Please Print)			· · -	☐ 2nd Semester Only	y    Both Semesters
Distance from home to nearest school (one way)  Elementary 10 HS 0  HS 0  Distance from home to nearest school (one way)  Elementary 10 HS 0  Contract Is for one-way only  Students in Each Grade Level-Only include the students to be covered by this contract.  Pre-K K 1-8 9-12  Total Total Total Total  For a Total Total Total  Correspondence  Reg.  Contract Reg.  Contingency  Spec. Ed. Contin.  Regular Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.  Agreement between parent (parent name)  County spec.  County spec.  County name  Cou	Shelly Krushensky Physical Address (street ad	ldress only):					y   Both Semesters
(county name)	Distance from home to near Elementary 0 HS 0  Contract is for one-way Students in Each Grade Level - Only Pre Tot:  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	rest bus stop, if any only include the students to be	(one way)  covered by this contract.  1-8 9-12	Kinder. by this To or fr To or fr Kinder. To or fr To or fr To or fr  PAREN files. COUNT	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop om School lines: ITS: Due to Scho SS: Send original TY SUPERINTEN T your files. RE (For dist	times per day, times	days per week days per week ol-age students: days per week days per week days per week days per week  y 1, retain a copy for your I to OPI by July 10, retain a  ATE use only)
High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	(county name) The parties agree as follows:  1. The parent shall transport or insured driver will transport the consumer of the past seme and the past seme	provide transportation for the students. Mileage contract shall pay the parent the sester.  ted on the basis of the school year.	County, hereine student(s) to and from the scacts are valid only when transposum officially approved in the appealule established in Section 20 ar or when the student(s) is no l	inafter referred to shool or bus stop on the ortation for the distance oplication upon certification.	as the District(s).  days when school is in reported on the contration by the teacher or p	session. The parent or guardict actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
		Chair, Boar	d of Trustees				Date
			I attest that the abo	ove information is t	rue and correct.		
	Signature - Parent or Guardia	n				Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Di	ue to School Cler	k June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		Count	y	<u> </u>	Legal Entity	
Belgrade Elem					Galla	atin		0368	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract	Count			Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u> </u>				
Are you applying for			□ No		Student Na	ıme	School		Grade
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	A, provides for	increased reir	nbursement			Control		Orado
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.	lual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Student Na	ime	School		Grade
Check here only if incre	•	J	ŕ	uproved by the	Student Na	ime	School		Grade
District Trustees and th		portation Con	nmittee.	proved by the					
Elem District Approval		□ no	itials		Student Na	ime	School		Grade
HS District Approval County Approval						TRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-1 ☐ 1st Sem	_	☐ 2nd Semester Only	y □ Both Sei	mesters
January Lambre	•th					,	·		incoloro
Physical Address (s		only):				garten/Kinder lester Only	garten □ 2nd Semester Only	v □ Both Sei	mesters
						-	KINDERGARTEN:	,	
Distance from home Elementary 3.5	HS <b>0</b>	,	• /		Kindergard by this con To or from To or from	ten child ride ntract: Bus Stop School	es <u>with</u> other school-a times per day, _ times per day,	days	s per week s per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if an	y (one way)		Kindergart	ten child ride	es <u>without</u> other scho times per day, _ times per day, _	ol-age student	s:
☐ Contract is for or	, ,						p.:, _		
Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.	Deadline PARENTS:	es: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total			to County Supt by July	y 1, retain a cop	y for your
Regular Trans							IDENITO 0 1 1 1 1		40
Spec. Ed. Trans					copy for yo		IDENTS: Send origina	i to OPI by July	To, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE .	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg. Contingency						Reimb	ursement rate is detern	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between	narent (nare	nt name)			and school	al district (dist	rict name)		
Agreement between	r parciit (parci	it riame)							,
(county name) The parties agree as follow				-	fter referred to as t				
insured driver will to	ransport the stude	nts. Mileage cor	ntracts are valid o	only when transportati	ion for the distance repor	ted on the contra			
transported for the	past semester.	•	•		·	,	rincipal of the school of the nur	mber of days the stud	dent(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	d of the school	year or when the	student(s) is no longe	142, MCA, and the inforn er enrolled in school, whi			T = .	
Elementary School   Belgrade Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	information is true	and correct.			
Signature - Parent or	Guardian		. 2.1.30				Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Belgrade Elem						Gallatin		0368	
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	lent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Sei	mesters
Julie Bloomingd					Pre-	kindergarten/Kinder	parten		
Physical Address (s	treet address	only):					2nd Semester Onl	y 🗆 Both Sei	mesters
						DERGARTEN/PRE			
Distance from home Elementary 3.8	to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_	
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:
□ Contract is for o	ne-way only				To c	or from School	times per day, _	days	s per week
Students in Each Grade Le	• •	the students to b	be covered by thi	is contract.		adlines:			
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.		
De suden Trene	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your
Regular Trans Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	al to OPI by July	10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence							rict, county and OPI		
Reg.									
Contingency						Reimbi	ursement rate is deterr 20-10-142, MCA.	mined by	
Spec. Ed. Contin.							20 10 112, 111071.		
Agreement betweer	n parent (paren	nt name)			, and	d school district (distr	rict name)		,
(county name)			(	County, hereina	ifter referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	dian assures that a lic	ensed and
	, the District shall p					nce reported on the contraction by the teacher or pro-	ct actually occurs. Fincipal of the school of the nu	mber of days the stu	dent(s) was
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish	ned in Section 20-10- student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany	ing this contract. t.		
Elementary School			ard of Truste		,	,		Date	
Belgrade Elem High School District		Chair, Boa	ard of Truste	es				Date	
		<u> </u>	Lattes	t that the chara	information	is true and correct			
Signature - Parent or	Guardian		ı alles	t triat trie above	ппоппацоп	is true and correct.	Date		
<u> </u>									

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity
Belgrade Elem						Gallatin		0368
High School or K-12 Di	strict Responsit	ole for Reimbu	ırsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stuc	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	Otac	ient ivanie	GCHOOL	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap nmittee, and the	o receive proved by the	Stud	lent Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval HS District Approval	□ yes		itials		Stud	lent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Karen Kamisky Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y    Both Semesters
					KIN	DERGARTEN/PREI	(INDERGARTEN:	
Distance from home Elementary <b>6.7</b>	to nearest so	hool (one w	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	ge students also covered days per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	is stop, if an	y (one way)		Kind	dergarten child ride	es without other school	days per week ol-age students: days per week days per week days per week
☐ Contract is for or	ne-way only				100	ir irom School	times per day, _	days per week
Students in Each Grade Le	vel - Only include	the students to I	be covered by thi	s contract.	<u>Dea</u>	adlines: RENTS: Due to Sch	ool Clark June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send origina		y 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						JNTY SUPERINTEN / for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	ATF
Correspondence						(For dist	rict, county and OPI	use only)
_								
Reg. Contingency						Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	narent (narei	nt name)			and	l echaol district (dist	rict name)	
	parent (paren	it riame)						······································
(county name) The parties agree as follow				•		to as the District(s).		
insured driver will tr	ansport the studer	nts. Mileage cor	ntracts are valid o	nly when transportati	on for the dista	nce reported on the contra	ct actually occurs.	ian assures that a licensed and
transported for the	oast semester.	•			·		•	mber of days the student(s) was
<ol> <li>This contract shall t</li> </ol>	erminate at the er	d of the school	year or when the	student(s) is no longe		the information accompany shool, whichever occurs first		Data
Elementary School I Belgrade Elem	JISTRICT	Chair, Boa	ard of Truste	es				Date
High School District		Chair, Boa	ard of Trustee	es				Date
			l attest	that the above	information	is true and correct.		
Signature - Parent or	Guardian		. 311001				Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	0-2501	24	e to School Clerk June 1	
Elementary District Responsible for Re	eimbursing the Contract		County	Legal Entity
   Belgrade Elem			Gallatin	0368
High School or K-12 District Responsi	ble for Reimbursing the Co	ontract	County	Legal Entity
Is this contract shared between e □ yes □ no	lementary and high sch	nool?	<u> </u>	
Are you applying for isolation stat			Student Name Scho	ool Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MC/	) A, provides for increased re	eimbursement		3.44
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov	ces must be reviewed and sportation committee, and	approved by the the Office of	Student Name Scho	ool Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been		Student Name Scho	ool Grade
Elem District Approval	Initials □ no □ no □ no		Student Name Scho	ool Grade
	no Print\		THIS CONTRACT IS FOR: Grades 1-12	
Parent or Guardian Name: (Pleas	se Piliti)		☐ 1st Semester Only ☐ 2nd Se	emester Only   Both Semesters
Kelly Denton Physical Address (street address	only):		Pre-kindergarten/Kindergarten  ☐ 1st Semester Only ☐ 2nd Se	emester Only   Both Semesters
Distance from home to nearest so Elementary 3.5 HS 0  Distance from home to nearest be Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	the students to be covered by  K 1-8  Total Total	this contract.  9-12 Total	by this contract: To or from Bus Stop time To or from School time Kindergarten child rides without To or from Bus Stop time To or from School time To or from School time  Deadlines: PARENTS: Due to School Clerk Ju  CLERKS: Send original to County files.  COUNTY SUPERINTENDENTS: Scopy for your files.  REIMBURS (For district, count  Reimbursement re 20-10-1	days per week da
insured driver will transport the stude 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on the transported on the transported on the transported on the transport	transportation for the student(s nts. Mileage contracts are vali pay the parent the sum officially the basis of the schedule establ	County, hereinaf s) to and from the school id only when transportati y approved in the applica lished in Section 20-10-1 the student(s) is no longe	, and school district (district name)_ ter referred to as the District(s). or bus stop on the days when school is in session. The on for the distance reported on the contract actually occu- tion upon certification by the teacher or principal of the state of the service of the	e parent or guardian assures that a licensed and urs. school of the number of days the student(s) was
Belgrade Elem				
Belgrade Elem High School District	Chair, Board of Trus	tees		Date
			information is true and correct.	Date

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the (	Contract			County	<u> </u>	Legal Entity
Belgrade Elem						Gallatin		0368
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be reversely to the comments of the co	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initi □ no			Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO	DR:	
Parent or Guardian	•	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	ly   Both Semesters
Lee & Lisa Nels Physical Address (s		only):			Pre-	-kindergarten/Kinder	garten	
1 Hysical Address (s	arcet address	Orny).				·		ly   Both Semesters
Distance from home Elementary 9  Distance from home Elementary 0  Contract is for o Students in Each Grade Le	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.	Kind by the Took Kind Took Took	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day,	days per week days per week col-age students: days per week days per week days per week days per week
	Total	Total	Total	Total	CLE files		to County Supt by Ju	ly 1, retain a copy for your
Regular Trans							IDENTS: Send origin:	al to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.	DENTO: Gena ongin	
Room & Board							IMBURSEMENT R	
Correspondence						(1 01 0101	not, obuity and or	i doc omy)
Reg. Contingency						Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
opes. Lu. centini.								
Agreement betweer	n parent (parei	nt name)			, and	d school district (dist	rict name)	,
insured driver will to 2. In March and June transported for the	ansport or provide t ransport the studer , the District shall p past semester.	nts. Mileage contr ay the parent the	the student(s) to racts are valid of sum officially a	o and from the school only when transportati pproved in the applica	or bus stop on on for the dista ation upon certi	ince reported on the contract	ct actually occurs. rincipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was
	terminate at the er	d of the school ye		student(s) is no longe		chool, whichever occurs firs		Date
Belgrade Élem		,						
High School District	: 	Chair, Boar	rd of Truste	es 				Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	_	Legal Entity	
Belgrade Elem						Gallatin		0368	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share	ad batwaan al	omontory or	d high coho	N2					
	ed between en	ementary ar	iu riigii scriot	JI !					
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	lent Name	School		Grade
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement	1	chi ivame	GCHOOL		Grade
rates for special circum	nstances of isola	ition of resider	nce. In order to	o receive	Stuc	lent Name	School		Grade
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and the		State	ent Name	301001		Grade
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stuc	ent Name	School		Grade
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the		icht Hame	Concor		Grade
		In	tials		Stuc	ent Name	School		Grade
HS District Approval									Grade
County Approval		□ no				S CONTRACT IS FO des 1-12	<u>DR:</u>		
Parent or Guardian	Name: (Please	e Print)				st Semester Only	□ 2nd Semester On	ly □ Both Se	mesters
Shelly Weber					Pre-	kindergarten/Kinder	narten		
Physical Address (s	treet address	only):					☐ 2nd Semester On	ly □ Both Se	mesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:		
Distance from home	4	l 1 / · · · ·			Kind	lergarten child ride	es with other school-	age students a	lso covered
Distance from home Elementary <b>4</b>	to nearest sc HS <b>0</b>	nooi (one wa	ay)		by t	his contract:	times per day, _	day	s ner week
•			,		To c	r from School	times per day,	day	s per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	is stop, if an	y (one way)		Kind	dergarten child ride	es <u>without</u> other scho	ool-age studen	ts: s ner week
					To c	r from School	times per day,	day	s per week
□ Contract is for o	, ,				Do	adlines:			
Students in Each Grade Le	evel - Only include	the students to t	be covered by thi	s contract.	PAR	ENTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	DVC. Cand ariginal	I to County Cunt by Jul	lu 1 rotoin o oo	nu for vour
	Total	Total	Total	Total	files		to County Supt by Jul	iy 1, letalii a co	Jy ioi youi
Regular Trans					COL	INTV CUDEDINTEN	IDENTS: Send origina	al to ODI by July	v 10 rotoin a
Spec. Ed. Trans						for your files.	IDENTS. Send ongine	ai to OPI by July	/ TU, Tetaiii a
Room & Board						RE	EIMBURSEMENT R	ΔΤΕ	
							rict, county and OPI	—	
Correspondence						, i	Í	,	
Reg.						 Reimhi	ursement rate is deteri	mined by	
Contingency Spec. Ed. Contin.						1.01115	20-10-142, MCA.		
opco. Lu. Contin.									
Agreement between	n parent (parer	nt name)			, and	school district (district)	rict name)		······································
(county name)			(	County hereins	ofter referred	to as the District(s).			
The parties agree as follow		ranapartation for		•		` '	session. The parent or guard	dian acquires that a li	consod and
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract	ct actually occurs.		
transported for the	past semester.		•		·	,	rincipal of the school of the nu	imber or days the Stu	ueni(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the en	d of the school	ear or when the	student(s) is no long		the information accompany hool, whichever occurs firs		T	
Elementary School   Belgrade Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Belgrade Elem						Gallatin		0368	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share	ad batwaan al	omonton, on	d high coho	N2					
yes no	ed between ei	ementary an	iu riigii scriot	JI !					
Are you applying for			□ No		Stuc	lent Name	School		Grade
(If yes, please attac	h explanation) 20-10-142 MCA	nrovides for	increased rein	nbursement	7	ioni ramo	2011001		Olddo
rates for special circum	nstances of isola	tion of resider	nce. In order to	o receive	Stuc	lent Name	School		Grade
increased rates, individed trustees of the district,	the county trans	portation com	mittee, and the		0.00		2020.		0.000
Public Instruction. (10.	7.116 ARM prov	ides guideline	s for such.)		Stuc	lent Name	School		Grade
Check here only if incre District Trustees and the	eased payment one County Trans	due to isolatio	n has been ap imittee.	proved by the					
Elem District Approval			tials		Stuc	lent Name	School		Grade
HS District Approval ☐ yes ☐ no						CONTRACTIC FO	ND.		
County Approval  Parent or Guardian		no				<u>S CONTRACT IS FO</u> des 1-12	<u>/K.</u>		
Talent of Guardian	ivaille. (i leas	e i iiiii)			□ 1	st Semester Only	☐ 2nd Semester Onl	ly   Both Se	mesters
Stacey Finck		I- A-				kindergarten/Kinder			
Physical Address (s	treet address	only):			□ 1	st Semester Only	□ 2nd Semester Onl	ly □ Both Se	mesters
						DERGARTEN/PRE			
Distance from home	e to nearest sc	hool (one wa	ay)			dergarten child ride his contract:	es with other school-	age students a	lso covered
Elementary 9	HS <b>0</b>				To c	or from Bus Stop	times per day, _	days	s per week
Distance from home		ıs stop, if an	y (one way)		10 C	or from School dergarten child ride	times per day, _es <u>without</u> other scho	ool-age student	s per week ts:
Elementary .2	HS <b>0</b>				Tod	or from Bus Stop	times per day, _	days	s per week
□ Contract is for o	ne-way only				100		times per day, _	uays	s per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dea	adlines: RENTS: Due to Sch	I Ol I 4		
	Pre-K	K	1-8	9-12	PAR	CENTS: Due to Sch	ooi Cierk June 1.		
	Total	Total	Total	Total	CLE files		to County Supt by Jul	ly 1, retain a cop	by for your
Regular Trans									
Spec. Ed. Trans						JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	10, retain a
·					000	-	IMPLIDOEMENT D	ATE	
Room & Board							IMBURSEMENT Rarict, county and OPI		
Correspondence						(, e,		,	
Reg.						Reimhi	ursement rate is deterr	mined by	
Contingency Spec. Ed. Contin.						T CITIB	20-10-142, MCA.	Tillica by	
opec. Lu. Contin.									
Agreement betweer	n parent (parer	nt name)			, and	d school district (dist	rict name)		,
(county name)			(	County hereina	after referred	to as the District(s).			
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	dian assures that a lid	censed and
insured driver will t	ransport the studer	nts. Mileage con	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract			
transported for the	past semester.	•	•		•	the information accompany	·		·/-/ ··
	terminate at the en	d of the school y		student(s) is no long		thool, whichever occurs firs		Date	
Belgrade Élem		,							
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian		. 21130				Date		
-									

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 ia, MT 59620	-2501		Du	e to Schoo	l Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Belgrade Elem						Gallatin		0368
High School or K-12 Di	strict Responsit	ole for Reimbu	ursing the Con	tract		County		Legal Entity
Is this contract share  □ yes □ no	ed between el	ementary ar	nd high scho	ol?				
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2			increased rein	mbursement	Otaat	ant riamo	Concor	O. ado
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstanc the county trans	ation of residences must be resportation com	nce. In order to eviewed and ap nmittee, and th	o receive oproved by the	Stude	ent Name	School	Grade
Check here only if incre District Trustees and th				pproved by the	Stude	ent Name	School	Grade
Elem District Approval HS District Approval	□ yes	In □ no	itials			ent Name	School	Grade
County Approval  yes  no  THIS CO							OR:	
Parent or Guardian	Name: (Pleas	e Print)				t Semester Only	□ 2nd Semester Onl	ly   Both Semesters
Tami Washburn Physical Address (st		only):				indergarten/Kinder t Semester Only	garten 2nd Semester Onl	ly □ Both Semesters
Distance from home Elementary 3.5  Distance from home Elementary 0  Contract is for or Students in Each Grade Leader Trans  Regular Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	us stop, if an	y (one way)	is contract.  9-12 Total	Kindo by the To or To or To or To or To or PARI	ergarten child ridis contract: from Bus Stop_ from School ergarten child ridiform Bus Stop_ from School  dlines: ENTS: Due to Sch RKS: Send origina  NTY SUPERINTER for your files.  RI  (For dis	times per day, times	days per week da
insured driver will tr 2. In March and June, transported for the gayment shall 4. This contract shall the Elementary School I Belgrade Elem	rs:  Insport or provide to ansport the studer the District shall poast semester.  Doe computed on the erminate at the en	transportation for this. Mileage corporate the parent the basis of the send of the school Chair, Book	r the student(s) t ntracts are valid e sum officially a chedule establish year or when the ard of Truste	County, hereinaf o and from the school only when transportation inproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on the distantation upon certification, and the	o as the District(s) ne days when school is in	n session. The parent or guard ct actually occurs. principal of the school of the nu ying this contract.	dian assures that a licensed and umber of days the student(s) was
High School District		Chair, Bo	ard of Truste	es				Date
			I attes	t that the above i	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	)-2501		Du	e to Schoo	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Belgrade Elem						Gallatin		0368
High School or K-12 D	istrict Responsit	ole for Reimbu	ursing the Con	tract		County		Legal Entity
Is this contract share  □ yes □ no	ed between el	ementary ar	nd high scho	ol?	<u>'</u>			
Are you applying for			□ No		Stude	nt Name	School	Grade
(If yes, please attac			increased rein	mbursement	01440		3333.	0.440
rates for special circum increased rates, individe trustees of the district, Public Instruction. (10.)	lual circumstand the county trans	ces must be re sportation com	eviewed and ap nmittee, and th	pproved by the	Stude	nt Name	School	Grade
Check here only if incredistrict Trustees and the	eased payment	due to isolation	on has been ap	pproved by the	Stude	nt Name	School	Grade
HS District Approval							School	Grade
County Approval		□ no				CONTRACT IS FO es 1-12	<u>DR:</u>	
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	□ 2nd Semester On	ly   Both Semesters
Todd & Jennifer Physical Address (s		only):				indergarten/Kinder t Semester Only	garten  2nd Semester On	ly □ Both Semesters
Distance from home Elementary 5  Distance from home Elementary 0  Contract is for or Students in Each Grade Lease Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> ne-way only	us stop, if an	y (one way)	is contract.  9-12 Total	Kinde by th To or To or Kinde To or To or PARE CLER files.	ergarten child ride is contract: from Bus Stop from School ergarten child ride from Bus Stop from School  dlines: ENTS: Due to Sch EKS: Send origina  NTY SUPERINTER for your files.  RI (For dis	times per day,	days per week da
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: unsport or provide to ransport the stude the District shall past semester, be computed on the terminate at the er	transportation for nts. Mileage con any the parent the ne basis of the s and of the school	or the student(s) to ntracts are valid on the sum officially a chedule establisl	County, hereinaf o and from the school only when transportati approved in the applica ned in Section 20-10-1 student(s) is no longe	or bus stop on tron for the distance ation upon certification.	o as the District(s) the days when school is in the reported on the contra	n session. The parent or guard ct actually occurs. principal of the school of the nu- ying this contract.	dian assures that a licensed and simber of days the student(s) was
High School District		Chair, Bo	ard of Truste	es				Date
			Lattos	t that the above i	information is	s true and correct.		
Signature - Parent or	Guardian		ı attes	t that the above	inionnation is	s true and correct.	Date	
	<b></b>						1	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Dı	ue to Schoo	ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Malmborg Elem						Gallatin		0370	
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stud	ent Name	School		Grade
(If yes, please attach	0-10-142, MCA	, provides for			1				
rates for special circums increased rates, individu trustees of the district, the	ual circumstand he county trans	es must be re portation com	viewed and apmittee, and the	proved by the	Stud	ent Name	School		Grade
Public Instruction. (10.7	·	, and the second	,		Stud	ent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Student Name School Grade				
HS District Approval County Approval		no no			THIS CONTRACT IS FOR:				
Parent or Guardian N	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters
Kane & Lin Fisch					Pre-	kindergarten/Kinder	parten		
Physical Address (st	reet address	only):					2nd Semester Onl	y   Both Se	mesters
						DERGARTEN/PREM			
Distance from home Elementary 6	to nearest sc	hool (one wa	ay)		bv tl	nis contract:	es <u>with</u> other school-a	_	
Distance from home Elementary <b>0</b>	to nearest bu	s stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	s:
•					To o	r from School	times per day, _ times per day, _	days	s per week s per week
☐ Contract is for on  Students in Each Grade Lev		the students to b	be covered by thi	s contract.	Dea	adlines:			
1	Pre-K	К	1-8	9-12	PAR	ENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files.		to County Supt by Jul	y 1, retain a cop	y for your
Regular Trans					COL	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	10, retain a
Spec. Ed. Trans						for your files.			
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Peimbi	ursement rate is detern	nined by	
Contingency Spec. Ed. Contin.						Keimbe	20-10-142, MCA.	Timed by	
5,000. Ed. 00mmi.									
Agreement between	parent (parer	nt name)			, and	l school district (distr	ict name)		·,
(county name) The parties agree as follows	 s:			County, hereina	fter referred	to as the District(s).			
The parent shall transinsured driver will transition	nsport or provide t ansport the studer	nts. Mileage con	tracts are valid o	only when transportat	tion for the distar	nce reported on the contract			
transported for the p	ast semester.	•	•				incipal of the school of the nu	mber of days the stu	dent(s) was
<ol> <li>This contract shall to</li> </ol>	erminate at the en	d of the school y	ear or when the	student(s) is no long	- 14∠, MCA, and f ger enrolled in sc	the information accompany hool, whichever occurs firs	ing this contract. t.	Dota	
Elementary School D Malmborg Elem	JISTRICT	·	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	information	is true and correct.		1	
Signature - Parent or 0	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	)-2501			chool Year 2005- 2006 e to School Clerk June	1	
Elementary District Re	esponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsi	ole for Reimbur	sing the Cont	ract	County		Legal Entity
West Yellowsto					Gallatin		0374
Is this contract shar  ☐ yes ☐ no	ed between e	ementary and	d high scho	ol?			
Are you applying fo (If yes, please attaction: Section	h explanation	)	□ No		Student Name	School	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residend ces must be revision community	ce. In order to viewed and apmittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if inconstruct Trustees and t				proved by the	Student Name	School	Grade
Elem District Approval		□ no	ials		Student Name	School	Grade
HS District Approval County Approval	,	□ no □ no			THIS CONTRACT I	S FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester On	ly 2nd Semester Onl	y    Both Semesters
Debra & Dana ( Physical Address (s		only):			Pre-kindergarten/Ki □ 1st Semester On	ndergarten ly □ 2nd Semester Onl	y □ Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for o Students in Each Grade L  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 5.7 e to nearest but HS 0 ne-way only evel - Only include  Pre-K Total	the students to be	e covered by the	9-12 Total	Kindergarten child by this contract: To or from Bus Stop To or from School Kindergarten child To or from Bus Stop To or from School  Deadlines: PARENTS: Due to  CLERKS: Send ori files.  COUNTY SUPERIN copy for your files.  (For	times per day, times	days per week ol-age students:
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude t, the District shall p past semester. be computed on the terminate at the el	transportation for nts. Mileage cont pay the parent the ne basis of the sch d of the school ye	the student(s) to racts are valid of sum officially a hedule establish ear or when the	o and from the school only when transportation proved in the applicated in Section 20-10-14 student(s) is no longe	er referred to as the Districtor bus stop on the days when schoon for the distance reported on t	ct(s).  It is in session. The parent or guard contract actually occurs. For or principal of the school of the numpanying this contract.	mber of days the student(s) was
Elementary School			rd of Truste				Date
High School District West Yellowstone		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above i	nformation is true and corr	ect.	
Signature - Parent or	Guardian				<u> </u>	Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Res	sponsible for Re	eimbursing the C	Contract		County	·	Legal Entity		
High School or K-12 Di	strict Responsit	ole for Reimburs	sing the Conf	ract	County		Legal Entity		
West Yellowstor	ne K-12				Gallatin		0374		
Is this contract share  □ yes □ no	ed between el	ementary and	high scho	ol?					
Are you applying for (If yes, please attach	n explanation)	)	□ No		Student Name	School	Grade		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	estances of isola lual circumstance the county trans	ation of residences must be revi sportation comm	e. In order t ewed and ap littee, and th	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolation	has been ap	proved by the	Student Name	School	Grade		
Elem District Approval		Initia □ no	als 		Student Name	School	Grade		
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:			
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester On	ly   Both Semesters		
Elizabeth & Trav		only):			Pre-kindergarten/Kinder				
Filysical Address (si	ireet address	Offig).			□ 1st Semester Only □ 2nd Semester Only □ Both Semesters  KINDERGARTEN/PREKINDERGARTEN:				
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b>	HS <b>7.5</b>				Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid	times per day, times per day, times per day, es without other scho	days per week days per week days per week ool-age students: days per week days per week days per week		
☐ Contract is for or	ne-way only					times per day,	days per weeк		
Students in Each Grade Le	evel - Only include	the students to be	covered by th	is contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	I to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.				
Room & Board					RI	EIMBURSEMENT R trict, county and OP			
Correspondence									
Reg. Contingency Spec. Ed. Contin.					Reimb	ursement rate is deter 20-10-142, MCA.	mined by		
- 									
Agreement between	parent (parei	nt name)			, and school district (dist	rict name)	,		
insured driver will tr 2. In March and June, transported for the 3. The payment shall	Insport or provide to ransport the studen the District shall p past semester. be computed on the	nts. Mileage contra pay the parent the some the basis of the sch	the student(s) to acts are valid of sum officially a edule establish	o and from the school only when transportati pproved in the applica- ned in Section 20-10-1	fter referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contraction upon certification by the teacher or present the contraction accompanier enrolled in school, whichever occurs fire	n session. The parent or guar ct actually occurs. rincipal of the school of the nuying this contract.			
Elementary School I		Chair, Boar	d of Truste	es 			Date		
High School District Chair, Board of Trustees West Yellowstone K-12							Date		
			I attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
West Yellowsto	ne K-12				Gallatin		0374		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac	h explanation)	)	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be re- sportation com-	ce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade		
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters		
Heather Coffin					Pre-kindergarten/Kinder				
Physical Address (s	street address	only):			☐ 1st Semester Only	□ 2nd Semester Onl	ly   Both Semesters		
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b>	HS <b>7</b> e to nearest bu HS <b>0</b>	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tes without other schotimes per day,	days per week days per week days per week col-age students: days per week days per week days per week		
☐ Contract is for o  Students in Each Grade L	, ,	the students to h	e covered by th	is contract	Deadlines:		, ,		
Students in Lacir Grade L	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total	<b>CLERKS:</b> Send origina files.	ll to County Supt by Jul	ly 1, retain a copy for your		
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Room & Board					copy for your files.  REIMBURSEMENT RATE				
Correspondence						trict, county and OPI			
Reg. Contingency Spec. Ed. Contin.					Reimb	ursement rate is detern 20-10-142, MCA.	mined by		
Spec. Ed. Contin.									
Agreement betweer	n narent (nare	nt name)			, and school district (dist	rict name)			
(county name)	. paront (pare	)		County hereing	fter referred to as the District(s)	,	,		
The parties agree as follow		transportation for		•	I or bus stop on the days when school is in		dian assures that a licensed and		
insured driver will t 2. In March and June	ransport the stude	nts. Mileage con	tracts are valid	only when transportat	ion for the distance reported on the contra ation upon certification by the teacher or p	ct actually occurs.			
	be computed on the				142, MCA, and the information accompan er enrolled in school, whichever occurs fire				
Elementary School			ard of Truste		or crimolica ili soriodi, Willottevel Occuls III:	J.,	Date		
High School District Chair, Board of Trustees West Yellowstone K-12							Date		
			I attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	)-2501	Due to School Clerk June 1						
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 D	istrict Responsi	ble for Reimbur	sing the Con	ract	County		Legal Entity		
West Yellowsto					Gallatin	<u> </u>	0374		
Is this contract shar  ☐ yes ☐ no	red between e	lementary and	d high scho	ol?					
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation	)	□ No	nbursement	Student Name	School		Grade	
rates for special circur increased rates, individe trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be rev sportation comr	viewed and apmittee, and th	proved by the	Student Name	School		Grade	
Check here only if incr	eased payment	due to isolation	n has been ap mittee.	proved by the	Student Name	School		Grade	
Elem District Approval		□ no	ials 		Student Name	School		Grade	
HS District Approval County Approval	,	□ no □ no			THIS CONTRA	ACT IS FOR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semeste	er Only	ester Only   Both Sei	mesters	
Laurie Hurst					Pre-kindergarte	en/Kindergarten			
Physical Address (s	street address	only):			☐ 1st Semeste	er Only   2nd Seme	ester Only   Both Ser	nesters	
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for o	HS <b>7.5</b> e to nearest bu HS <b>0</b>	·	• /		by this contraction To or from Bus To or from Sch Kindergarten To or from Bus	ct: Stop times p ool times p child rides without oth Stop times p	er day, days er day, days er day, days er school-age student er day, days er day, days er day, days	s per week s per week s: s per week	
Students in Each Grade L		the students to be	e covered by th	is contract.	Deadlines:				
	Pre-K	K	1-8	9-12	PARENTS: Du	ue to School Clerk June	1.		
	Total	Total	Total	Total	CLERKS: Sen files.	nd original to County Su	pt by July 1, retain a cop	y for your	
Regular Trans					COUNTY SUP		d original to OPI by July	10, retain a	
Spec. Ed. Trans		+			copy for your fi				
Room & Board  Correspondence						REIMBURSEM (For district, county a			
Reg.									
Contingency						Reimbursement rate 20-10-142,			
Spec. Ed. Contin.									
Agreement between	n parent (pare	nt name)	1		, and school dis	strict (district name)		,	
(county name)				County, hereinaf	ter referred to as the D	District(s).			
	ansport or provide						ent or guardian assures that a lic	ensed and	
	, the District shall					n the contract actually occurs. teacher or principal of the school	ol of the number of days the stud	dent(s) was	
<ol><li>The payment shall</li></ol>	be computed on t				42, MCA, and the information er enrolled in school, whichever	n accompanying this contract. er occurs first.			
Elementary School			rd of Truste		.,		Date		
High School District West Yellowstone		Chair, Boa	rd of Truste	es			Date		
			I attes	t that the above	information is true and	correct.			
Signature - Parent or	Guardian		·		-	Date	-		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

^-	-4		_4	4
Co	m	Гa	CI	7

	Box 202501 na, MT 59620	0-2501			e to School Clerk June 1		
Elementary District Re	sponsible for R	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Conf	tract	County		Legal Entity
West Yellowston	ne K-12				Gallatin		0374
Is this contract shar	ed between e	lementary ar	nd high scho	ol?	<u> </u>		
<ul><li>☐ yes</li><li>☐ no</li><li>Are you applying for</li></ul>	r isolation stat	tus? □ Yes	□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section	h explanation 20-10-142, MC	) A, provides for	increased reir	mbursement	Student Name	SCHOOL	Grade
rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	dual circumstan the county tran	ces must be re sportation com	viewed and apmittee, and th	oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the		sportation Con	nmittee.	pproved by the	Student Name	School	Grade
Elem District Approval HS District Approval		□ no	itials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS F Grades 1-12	OR:	
Parent or Guardian		se Print)			☐ 1st Semester Only	□ 2nd Semester Onl	y    Both Semesters
Ma. Antonia C.  Physical Address (s		only):			Pre-kindergarten/Kinde	rgarten  2nd Semester Onl	y □ Both Semesters
,		,			KINDERGARTEN/PRE		y   Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for o Students in Each Grade Lo	HS <b>7.7</b> e to nearest be HS <b>0</b> ne-way only	us stop, if an	y (one way)	is contract.  9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School  Deadlines: PARENTS: Due to Scl  CLERKS: Send originat files.	times per day,times per day,times per day,times per day,times per day,times per day,	days per week days per week days per week ol-age students: days per week
Spec. Ed. Trans					copy for your files.		
Room & Board  Correspondence					R	EIMBURSEMENT RA trict, county and OPI	
Reg. Contingency					Reimb	oursement rate is detern	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
insured driver will t 2. In March and June transported for the	vs: ansport or provide ransport the stude , the District shall past semester.	transportation for ents. Mileage cor pay the parent the	r the student(s) t tracts are valid of e sum officially a	o and from the school only when transportation approved in the applica	, and school district (dister referred to as the District(s) or bus stop on the days when school is on for the distance reported on the contration upon certification by the teacher or 42, MCA, and the information accompar	n session. The parent or guard act actually occurs. principal of the school of the nu	
4. This contract shall Elementary School	terminate at the e	nd of the school y	year or when the ard of Truste	student(s) is no longe	er enrolled in school, whichever occurs fi	rst.	Date
High School District West Yellowstone K		Chair, Boa	ard of Truste	es			Date
vvest reliowstorie r	<b>Λ-1Δ</b>		l attes	t that the above i	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	)-2501			chool Year 2005- 200 e to School Clerk Jur		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Conf	ract	County		Legal Entity
West Yellowsto	ne K-12				Gallatin		0374
Is this contract shar  ☐ yes ☐ no	ed between e	lementary an	d high scho	ol?			
Are you applying fo (If yes, please attac	h explanation	)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ce. In order to viewed and appoint and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade
Check here only if incomplistrict Trustees and t	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRAC	T IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester	Only   2nd Semester On	ly   Both Semesters
Melissa & Greg Physical Address (s	Hitzler treet address	only):			Pre-kindergarten	/Kindergarten Only □ 2nd Semester On	ly □ Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for o Students in Each Grade L	HS <b>4.9</b> e to nearest bu HS <b>0</b> ne-way only	us stop, if any	(one way)	is contract.	by this contract To or from Bus S To or from School Kindergarten ch To or from Bus S To or from School Deadlines:	to School Clerk June 1.	days per week days per week ool-age students:
Pogular Trans	Total	Total	Total	Total	<b>CLERKS</b> : Send files.	original to County Supt by Ju	ly 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPER	RINTENDENTS: Send originals.	al to OPI by July 10, retain a
Room & Board Correspondence					(F	REIMBURSEMENT R for district, county and OP	
Reg. Contingency Spec. Ed. Contin.						Reimbursement rate is detern 20-10-142, MCA.	mined by
insured driver will 2. In March and June transported for the 3. The payment shall	ws: ansport or provide transport the stude the District shall the past semester. be computed on the	transportation for nts. Mileage con pay the parent the	the student(s) to tracts are valid of sum officially a hedule establish	o and from the school only when transportation pproved in the application	ter referred to as the Discor bus stop on the days when so on for the distance reported on the d	chool is in session. The parent or guan he contract actually occurs. In the contract actually occurs in the school of the nuccompanying this contract.	
Elementary School			rd of Truste				Date
High School District West Yellowstone		Chair, Boa	rd of Truste	es			Date
			l attes	t that the above i	nformation is true and c	orrect.	
Signature - Parent or	Guardian	_				Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	)-2501			chool Year 2005- 2006 e to School Clerk June		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
West Yellowsto	ne K-12				Gallatin		0374
Is this contract shar	red between e	lementary an	d high scho	ol?	<u>'</u>		
Are you applying fo			□ No		Student Name	School	Grade
(If yes, please attaction) (ISOLATION: Section	20-10-142, MC/	A, provides for					
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10)	dual circumstand the county trans	ces must be re sportation com	viewed and apmittee, and th	oproved by the	Student Name	School	Grade
Check here only if inconstruct Trustees and t		sportation Com	mittee.	pproved by the	Student Name	School	Grade
Elem District Approval		□ no	tials		Student Name	School	Grade
	□ yes	□ no			THIS CONTRACT Grades 1-12	IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester O	nly    2nd Semester Only	y    Both Semesters
Patti Austin Physical Address (s	street address	only):			Pre-kindergarten/K □ 1st Semester O	indergarten nly □ 2nd Semester Onl	y □ Both Semesters
						PREKINDERGARTEN:	, = = = = = = = = = = = = = = = = = = =
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b>	HS <b>5</b>	,			by this contract: To or from Bus Sto To or from School Kindergarten chile	p times per day, times per day, times per day, _ d rides without other scho p times per day, times per day, _	days per week days per week ol-age students:
□ Contract is for o							
Students in Each Grade L			•	, <u>,</u>	<u>Deadlines:</u> PARENTS: Due to	School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send or files.	iginal to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans						NTENDENTS: Send origina	I to OPI by July 10, retain a
•					copy for your files.	DEIMBURGEMENT D	).TE
Room & Board  Correspondence					(For	REIMBURSEMENT RA district, county and OPI	
Reg.							
Contingency Spec. Ed. Contin.					R	eimbursement rate is detern 20-10-142, MCA.	nined by
Agreement between	n narant (nara	nt nama)			and ashael district	(district name)	
Agreement between	n parent (pare	nt name)				,	, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follo				•	ter referred to as the Distri	. ,	
insured driver will	transport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distance reported on the	ool is in session. The parent or guard contract actually occurs. er or principal of the school of the nui	
transported for the	past semester.		•		42, MCA, and the information acco		Tibel of days the student(s) was
4. This contract shall Elementary School	terminate at the e	nd of the school y	rear or when the	student(s) is no longe	r enrolled in school, whichever occ	curs first.	Date
High School Distric	t	,	ard of Truste				Date
West Yellowstone k	<b>\-1</b> 2		l attes	t that the above i	nformation is true and cor	rect	
Signature - Parent or	Guardian		Talles	t that the above I	mornidadir io true and cor	Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the C	Contract			County	1	Legal Entity
Ophir Elem						Gallatin		0375
High School or K-12 Di	strict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract share  □ yes □ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attacl	n explanation)		□ No		Stud	ent Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.)	stances of isola lual circumstand the county trans	tion of residences must be revision comments.	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	ent Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval		Initia □ no	als		Stud	ent Name	School	Grade
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian		e Print)				es 1-12 st Semester Only	 ☐ 2nd Semester On	lly □ Both Semesters
Eric & Valerie R	oss				Pre-l	kindergarten/Kinder		•
Physical Address (s	treet address	only):						lly   Both Semesters
Distance from home Elementary 11.5  Distance from home Elementary 0  Contract is for or Students in Each Grade Leader Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by th To or To or Kind To or To or  Dea PAR CLE files.	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Sch RKS: Send origina  NTY SUPERINTEN for your files.  RE  RE  RE  RE  RE  RE  RE  RE  RE  R	times per day,	days per week days per week  1 1 1, retain a copy for your  al to OPI by July 10, retain a  BATE I use only)
insured driver will to 2. In March and June, transported for the 3. The payment shall	nsport or provide t ransport the studer the District shall p past semester. be computed on the terminate at the en District	ransportation for the state of the parent the state basis of the sch	the student(s) to acts are valid of sum officially a edule establish ar or when the d of Truster	o and from the school only when transportation proved in the applicated in Section 20-10-1 student(s) is no longer	fter referred or bus stop on ton for the distanation upon certifitation upon distance of the control of the con	ce reported on the contra	session. The parent or guar tactually occurs. rincipal of the school of the ning this contract.	rdian assures that a licensed and umber of days the student(s) was  Date  Date
		Jdii, Bodi						
Cinnat 5	0		I attest	that the above i	information	s true and correct.	Dete	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT  59620	-2501		Di	ue to School C	erk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		Соц	inty	-	Legal Entity	
Ophir Elem					Ga	ıllatin		0375	
High School or K-12 Di	strict Responsib	ole for Reimbu	rsing the Cont	tract	Cou	inty		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?					
Are you applying for (If yes, please attach			□ No		Student I	Name	School		Grade
ISOLATION: Section 2 rates for special circum	20-10-142, MCA	A, provides for							
increased rates, individ trustees of the district,	ual circumstand	es must be re	viewed and ap	oproved by the	Student I	Name	School		Grade
Public Instruction. (10.7				e Office of	Student	Nama	Cahaal		Crada
Check here only if incre District Trustees and th				proved by the	Student	vame	School		Grade
Elem District Approval	·		itials		Student I	Name	School		Grade
HS District Approval County Approval	□ yes □	no no			THIS CO	NTRACT IS FO	DR:		
Parent or Guardian					Grades 1		 □ 2nd Semester Only	v □ Both Se	mesters
Sam & Don McA	Andrew					•	•	y Bourec	incoloro
Physical Address (st		only):				ergarten/Kinder emester Only	2nd Semester Only	y 🗆 Both Se	emesters
							KINDERGARTEN:		
Distance from home	to nearest sc	hool (one wa	ay)		Kinderg by this o		es <u>with</u> other school-a	ige students a	ilso covered
Elementary 0	HS <b>0</b>				To or fro	m Bus Stop	times per day, _	day	s per week
Distance from home Elementary 11	to nearest bu HS <b>0</b>	ıs stop, if an	y (one way)		Kinderg To or fro	arten child riden Bus Stop	times per day, _ es <u>without</u> other scho	ol-age studen day	s per week s per week
□ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.	<u>Deadli</u>		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		I to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						<b>' SUPERINTEN</b> your files.	IDENTS: Send origina	l to OPI by Jul	y 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parer	nt name)			, and sch	ool district (dist	rict name)		······································
(county name) The parties agree as follow				County, hereina	fter referred to a	s the District(s).			
<ol> <li>The parent shall tra</li> </ol>	nsport or provide t				I or bus stop on the da		session. The parent or guard	ian assures that a li	censed and
In March and June, transported for the page 1.	the District shall p past semester.	ay the parent th	e sum officially a	pproved in the applic	ation upon certification	by the teacher or p	rincipal of the school of the nur	mber of days the stu	udent(s) was
<ol> <li>This contract shall t</li> </ol>	terminate at the en	d of the school	ear or when the	student(s) is no long	142, MCA, and the inf er enrolled in school,			T Data	
Elementary School I Ophir Elem	JISTRICT	,	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
		<u> </u>	I attes	t that the above	information is tru	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	1	Legal Entity	
Ophir Elem						Gallatin		0375	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	A, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstanc the county trans	ces must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.	•	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval		□ no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	OR:		
Parent or Guardian	Name: (Please	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y 🗆 Both Se	mesters
Sherrill Morris					Pre-	kindergarten/Kinderg	narten		
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y 🗆 Both Se	mesters
						DERGARTEN/PREM			
Distance from home Elementary <b>0</b>	to nearest sc HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	s <u>with</u> other school-a	_	
Distance from home Elementary 11	to nearest bu	ıs stop, if an	y (one way)		Kin	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	s:
·					To	or from School	times per day, _ times per day, _	days	s per week s per week
☐ Contract is for or Students in Each Grade Le	• •	the students to b	be covered by thi	s contract.	Dea	adlines:			
	Pre-K	К	1-8	9-12		RENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	<b>CLE</b> files		to County Supt by July	y 1, retain a cop	y for your
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, re				
Spec. Ed. Trans					copy for your files.				
Room & Board							IMBURSEMENT RA		
Correspondence						(For disti	rict, county and OPI	use only)	
Reg.						Paimhi Paimhi	ursement rate is detern	nined by	
Contingency Spec. Ed. Contin.						Rembe	20-10-142, MCA.	illica by	
5,000. Ed. 00mm.									
Agreement between	ı parent (parer	nt name)			, and	d school district (distr	ict name)		·,
(county name) The parties agree as follow	vs:			County, hereina	after referred	to as the District(s).			
The parent shall tra insured driver will to	ansport or provide t ransport the studer	nts. Mileage cor	tracts are valid o	only when transporta	tion for the dista	nce reported on the contract			
transported for the	past semester.	•	•				incipal of the school of the nur	mber of days the stu	dent(s) was
<ol><li>This contract shall</li></ol>	terminate at the en	d of the school	ear or when the	student(s) is no long	ger enrolled in so	the information accompany chool, whichever occurs firs	ing this contract. t.	Data	
Elementary School Ophir Elem		,	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
		<u> </u>	l attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	sox 202501 na, MT 59620	-2501		Du	e to Schoo	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Ophir Elem						Gallatin		0375
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				•
Are you applying for			□ No		Stude	nt Name	School	Grade
(If yes, please attack ISOLATION: Section 2	20-10-142, MCA	A, provides for			Oldac		2011201	- Crado
rates for special circum increased rates, individ	dual circumstand	es must be re	viewed and ap	oproved by the	Stude	nt Name	School	Grade
trustees of the district, Public Instruction. (10.7)				e Office of				
Check here only if incre District Trustees and the				proved by the	Stude	nt Name	School	Grade
Elem District Approval	□ yes	□ no	tials		Stude	nt Name	School	Grade
HS District Approval County Approval	□ yes	□ no □ no			THIS	CONTRACT IS FO	DR:	
Parent or Guardian						es 1-12 : Semester Only	 □ 2nd Semester Only	/ □ Both Semesters
Tawnya Garz-B	rewer					·	•	
Physical Address (s		only):				ndergarten/Kinder Semester Only		/ □ Both Semesters
						ERGARTEN/PREM		
Distance from home	to nearest so	hool (one wa	ay)			ergarten child ride is contract:	es <u>with</u> other school-a	ge students also covered
Elementary 20	HS <b>0</b>				To or	from Bus Stop	times per day, _	days per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if any	y (one way)		<b>Kinde</b> To or	ergarten child ride from Bus Stop	es <u>without</u> other school times per day, _	days per week  ol-age students: days per week days per week days per week
☐ Contract is for or	ne-way only				To or	from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.		dlines:	a al Olamba Issa a 4	
	Pre-K	K	1-8	9-12		NTS: Due to Scho		
	Total	Total	Total	Total	CLEF files.	KS: Send original	to County Supt by July	/ 1, retain a copy for your
Regular Trans					COLI	NTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans						for your files.	DENTO: Ocha oligina	Tto Of F by bully To, Telum a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								<del>.</del>
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement between	n parent (parei	nt name)			, and	school district (distr	rict name)	,,
(county name) The parties agree as follow	ws.			County, hereinaf	ter referred t	o as the District(s).		
The parent shall tra insured driver will to	ansport or provide transport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distand	e reported on the contract	ct actually occurs.	an assures that a licensed and
In March and June, transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the applica	ation upon certific	ation by the teacher or pr	rincipal of the school of the nur	nber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	d of the school y	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs firs		I.S.
Elementary School   Ophir Elem	District	Chair, Boa	ard of Truste	es				Date
High School District		Chair, Boa	ard of Truste	es				Date
		<u> </u>	l attes	t that the above i	information is	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 5962	20-2501	Ι		ool Clerk June 1		
Elementary District Responsible for R	Reimbursing the Cor	ntract		County	<u>'</u>	Legal Entity
Amsterdam Elem				Gallatin		0376
High School or K-12 District Respons	sible for Reimbursin	g the Contract		County		Legal Entity
Is this contract shared between € □ yes □ no	elementary and h	igh school?				
Are you applying for isolation sta (If yes, please attach explanation	٦)	□ No	Stu	dent Name	School	Grade
ISOLATION: Section 20-10-142, MC rates for special circumstances of iso increased rates, individual circumstar trustees of the district, the county transpublic Instruction. (10.7.116 ARM pro	lation of residence. nces must be review nsportation committe	In order to receive wed and approved by the ee, and the Office of	Stu	dent Name	School	Grade
Check here only if increased paymen District Trustees and the County Trar	it due to isolation ha	as been approved by the	Stu	dent Name	School	Grade
Elem District Approval  yes HS District Approval  yes	Initials  one in the interest of the interest	• 	Stu	dent Name	School	Grade
County Approval	□ no			IS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Plea	se Print)			1st Semester Only	□ 2nd Semester Onl	y   Both Semesters
Dean & Carrie Johnson  Physical Address (street address	s only):			-kindergarten/Kinder		
Trysical Address (Street address	only).			•		y   Both Semesters
Distance from home to nearest s Elementary 4.2 HS 0  Distance from home to nearest b Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only includ	ous stop, if any (o	.,	Kin by t To c Kin To c To c	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School	times per day, times per day, times per day, es without other school times per day, times per day, times per day,	days per week days per week ol-age students: days per week
Pre-K	К	1-8 9-12	PAI	RENTS: Due to Sch	ool Clerk June 1.	
Total		Total Total	CLI files	-	to County Supt by Jul	y 1, retain a copy for your
Regular Trans					IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans				y for your files.	DENTO. Send ongine	ar to Or 1 by July 10, retain a
Room & Board					EIMBURSEMENT RA	
Correspondence				(1 01 0131	not, county and Or i	use offig)
Reg. Contingency				Reimb	ursement rate is deterr	mined by
Spec. Ed. Contin.					20-10-142, MCA.	
	L L					
Agreement between parent (pare	ent name)		, an	d school district (dist	rict name)	,
(county name)		County, herein	nafter referred	d to as the District(s).		
The parties agree as follows:  1. The parent shall transport or provide						lian assures that a licensed and
insured driver will transport the stud 2. In March and June, the District shall						mber of days the student(s) was
transported for the past semester.  3. The payment shall be computed on This contract shall terminate at the e						
Elementary School District	Chair, Board		go: omoneu m S	S. Soi, Williams Vol Occurs IIIS		Date
Amsterdam Elem High School District	Chair, Board	of Trustees				Date
		I attest that the above	e informatior	n is true and correct.		
Signature - Parent or Guardian					Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	Due to School Clerk June 1								
Elementary District Re	Elementary District Responsible for Reimbursing the Contract						County			
Amsterdam Ele	m				Ga	Gallatin		0376		
High School or K-12 D		ole for Reimbu	rsing the Con	tract	Cour			Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?						
Are you applying for	r isolation stat	us? □ Yes	□ No		Student N	ame	School	Grade		
(If yes, please attac ISOLATION: Section			increased reir	mbursement	Otadoner	ame	Concor	Ciudo		
rates for special circum increased rates, individ					Student N	ame	School	Grade		
trustees of the district, Public Instruction. (10.				e Office of						
Check here only if incr	·	J	•	proved by the	Student N	ame	School	Grade		
District Trustees and the		sportation Com		,				<del></del>		
Elem District Approval HS District Approval		□ no			Student N	ame	School	Grade		
County Approval	□ yes	□ no			THIS COL Grades 1-	NTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				mester Only	☐ 2nd Semester Only	/ □ Both Semesters		
Greg & Lauren	Meddings	I. A.				rgarten/Kinder				
Physical Address (s	treet address	oniy):			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
							KINDERGARTEN:	ge students also covered		
Distance from home	e to nearest so HS <b>0</b>	hool (one wa	ay)		by this co	ontract:	· · · · · · · · · · · · · · · · · · ·			
Elementary 8.2					To or fron	n Bus Stop n School	times per day, _ times per day, _	days per week days per week pl-age students:		
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	is stop, if any	(one way)		Kinderga To or fron	rten child ride	es without other school	ol-age students:		
□ Contract is for o	ne-way only				To or fron	School	times per day, _	days per week		
Students in Each Grade L	, ,	the students to b	e covered by th	is contract.	<u>Deadlir</u>					
	Pre-K	К	1-8	9-12	PARENT	S: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total	CLERKS: files.	Send origina	I to County Supt by July	1, retain a copy for your		
Regular Trans										
Spec. Ed. Trans					county copy for y		IDENTS: Send origina	I to OPI by July 10, retain a		
Room & Board							EIMBURSEMENT RA	ATE		
Correspondence							rict, county and OPI			
_										
Reg. Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							20-10-142, WCA.			
Agreement betweer	n parent (pare	nt name)			, and scho	ol district (dist	rict name)	,,		
(county name) County, hereinafter referred to as the District(s).										
The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and										
<ol><li>In March and June</li></ol>	insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was									
transported for the past semester.  The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.										
Elementary School		rd of Truste		5.1151164 111 3011001, W	c.icvoi occura ilia	···	Date			
Amsterdam Elem High School District Chair, Board of Trustees								Date		
I attest that the above information is true and correct.										
Signature - Parent or	Guardian		I attes	t that the above i	intormation is tru	e and correct.	Date			
orginature - i arciil Or	-uui uiaii						Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT	59620-2501	[	Due to School Clerk June 1					
Elementary District Responsib	le for Reimbursing the	Contract	County	County				
Amsterdam Elem			Gallatin		0376			
High School or K-12 District Re	esponsible for Reimbur	rsing the Contract	County		Legal Entity			
Is this contract shared betv □ yes □ no	veen elementary an	d high school?	<u> </u>		<u>'</u>			
Are you applying for isolati		□ No	Student Name	School	Grade			
(If yes, please attach explain ISOLATION: Section 20-10-1	nation) 42, MCA, provides for	increased reimbursement		33.133.	3.443			
rates for special circumstances increased rates, individual circ trustees of the district, the cou Public Instruction. (10.7.116 A	s of isolation of residen umstances must be re- nty transportation comi	ce. In order to receive viewed and approved by the mittee, and the Office of	Student Name	School	Grade			
Check here only if increased p District Trustees and the Coun	ayment due to isolation	n has been approved by the	Student Name	School	Grade			
Elem District Approval ☐ yes HS District Approval ☐ yes	s 🗆 no	tials	Student Name	School	Grade			
County Approval			THIS CONTRACT IS FOR Grades 1-12	<u>₹:</u>				
Parent or Guardian Name:	(Please Print)		☐ 1st Semester Only	******				
Kristiu Stoilov Physical Address (street ad	ddress only):			Pre-kindergarten/Kindergarten  ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home to near Elementary 10.2  Distance from home to near Elementary 0 HS 0  Contract is for one-way Students in Each Grade Level - Onle Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	arest bus stop, if any only y include the students to b	(one way)	by this contract: To or from Bus Stop To or from School Kindergarten child rides To or from Bus Stop To or from School  Deadlines: PARENTS: Due to School  CLERKS: Send original tiles.  COUNTY SUPERINTENE copy for your files.  REI (For distri	times per day, times per day, times per day, s without other school times per day, times per day, times per day, ol Clerk June 1.	days per week  ol-age students:			
insured driver will transport In March and June, the District transported for the past sem The payment shall be comp This contract shall terminate Elementary School District Amsterdam Elem	r provide transportation for the students. Mileage confict shall pay the parent the ester. uted on the basis of the sc at the end of the school y	County, herein the student(s) to and from the sch tracts are valid only when transpore sum officially approved in the apphedule established in Section 20-1 ear or when the student(s) is no loard of Trustees	, and school district (district nafter referred to as the District(s).  nool or bus stop on the days when school is in stration for the distance reported on the contract plication upon certification by the teacher or prir	ession. The parent or guardia actually occurs. action of the school of the num	an assures that a licensed and ober of days the student(s) was			
High School District	Chair, Boa	rd of Trustees	Date					
I attest that the above information is true and correct.								
Signature - Parent or Guardian Date								